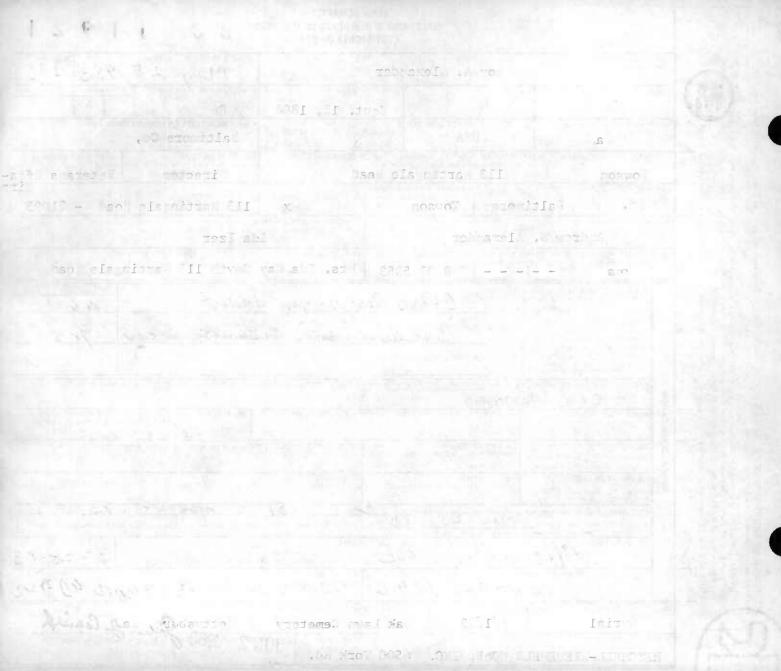
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 2a. DATE KNOWN & ESTI-(TYPE OR PRINT) OF DEATH MATED. 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female White Apr. 19 1941 42 YRS DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED [Baltimore County WIDOWED Md. IB CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS GBMC Towson Housewife Own Home SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 113b COUNTY 13r. CITY OR TOWN Balto NO V 7817 Ellenham Ave 21204 Md Ruxton 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Alexander Hilles Gordon 111 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT DIVISION (YES, NO, OR UNKNOWN) Adams 111 Nicholas Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter anly ane cause per line of (a), (b), and (c BETWEEN ONS AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OB 45 A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HY Canditians, il any, which gave rise to immediate cause (a) stating the under-DUE TO: OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION RDED TO THE CHIEF MED GE 3 SHOULD BE USED AS. TE DEPARTMENT OF HEALT 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? MENT OF HE TO BURIAL, NO I 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE AT WORK AT WORK 22a I certify that I taak charge af the remains described above, held an Autopsy Inspection and in my apinian > death resulted fram: Natural causes Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell MD ADDRESS 7501 York Rd. Towson Md 23a BURIAL, CREMATION, REMOVAL 23b. DATE 73¢ NAME OF CEMETERY OR CREMATOR 23d LOCATION STATE Cremation 5-17-83 Balto Greenmount BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Henry W. Jenkins & Sons Co., Balto., Md. (VR A15 ME (5)) 20M 4/82

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(VRA 15, 4)



	V			STATE OF MARYLAND			
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	3. SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS
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35	-	RYLAND BAY				A IRWOOD	
-		THER'S NAME	8111 0 101101	15. MOTHER'S MAIDEN N	NAME		7-1-1-1-1
30	-	JOSEPH	MIDDLE (AS	150 ALICE	MIDDLE	HOL	THAUS
l l		VAS DECEASED EVER IN U.S.		SECURITY NO. 17 INFORMANT	ADDRE		
	u		GIVE WAR OR DATES)	44746 FAMIL	4 RECORD	5	F.
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9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN		H DAY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P.	ART 2)
ō	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	wn cour	NTY STATE
-	-	AT WORK A WORK		-/1	2 5	0 0	3
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₹	73a	ERNEST BURIAL, CREMATION, REMOVA	ARNETTE, M. AL 236. DATE	1236 NAME OF CEMETERY OR CREMATOR	ORK RD	TOWSON	V, MD 212
		(SPECIFY)	May 23 1982	DULANY VAILEY	Time Ou	M BALTO	1 1000
	24 F	UNERAL DIRECTOR	11111031103	25a. D	ATE REC'D. BY REGISTRAR		
4/B2	~	NAME	10 . / / ADD	DRESS/ Cu. 11. 1 /A	LAVO BADOD	0.	000

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(VRA 15, 4)

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	3. SE	(4 RACE		5. DATE C		Wf 40	6 AGE (IN YEAR	S LAST BIRTH			RIYEAR	IF UNDER	24 FIRS.
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7		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	AIP .	M. MONTH D	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATUR	E OF INJURY	IN ITEM 18	PART I OR	PART 2}		
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		220. I certify tho (I) sow the deceose obove. (I) we) (d 22b. SIGNATURE	(this hospi	tol) ott5d/5th	ofter death.	, 0	nd that in my	(our) opinion	deoth occurred o				rom the	couses st	100

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TO FUNERAL DIRECTOR: After this

MPORTANT: If hem 21 is

22d. PHYS

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
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should be detoched for use as the buriol-transit permit. Then please remove cr with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md. (VRA 15, 4)

HIGGINS

23b. DATE

May 9,1983

234. NAME OF CEMETERY OR CREMATORY

Chapel Hill Mem.Cem

220. ADDRESS GBMC

23d LOCATION
CITY OR TOWN
Chapel H

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

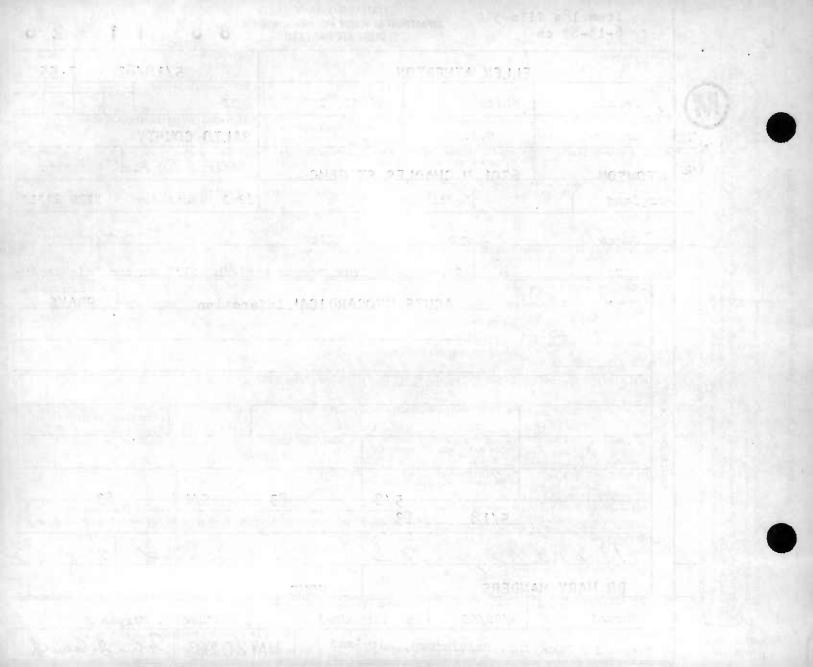
CERTIFICATE OF DEATH

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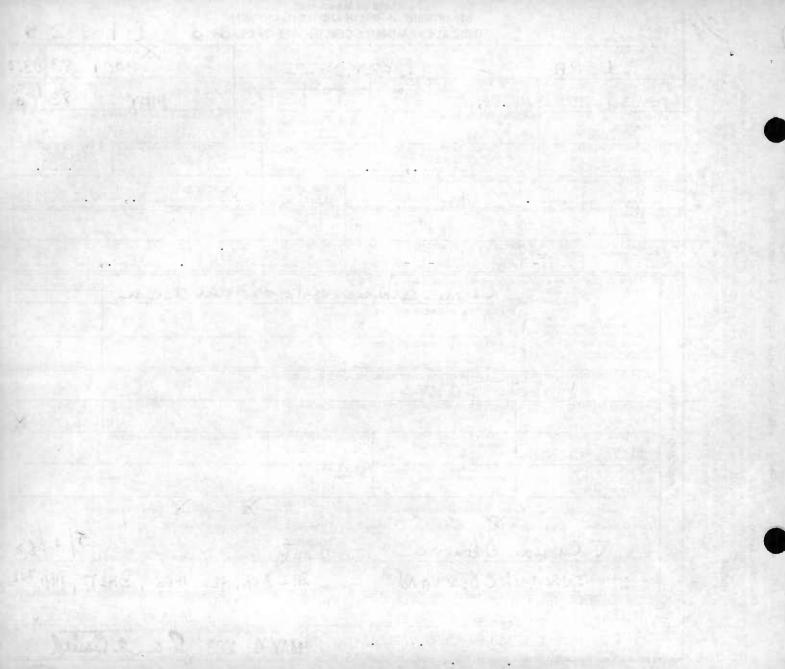
(VRA 15, 4)



1				STATE OF MARYLAND		Carlotte Tolking
//	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	YGIENE DE T	11927
5		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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	3. SE	ζ	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 74 HRS
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5 N	la Bi	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
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ined ined plectoriol	13.3	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	N GIVEN IN PART 1 a
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prio prio	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
he li hos hos iene	CERTIFICATION				YES NO	YES NO
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OR A burked ched bept Herr		22b. SIGNATURE	2	DEGREE		22c. DATE SIGNED
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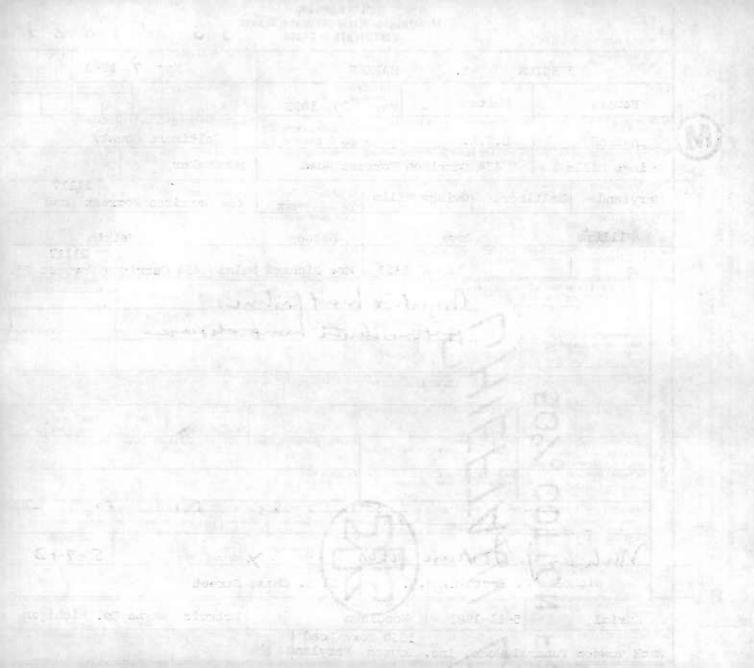
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14. FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
	William		Rowe		Betsey	MIDDLE	Wat	kin	
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE		211	17
- ((YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	381-05-1	1153	Mr. Richard	Helmig 454	Garriso		
	18. CAUSE OF DEATH (Enter o	-1				1102111219 101	COLLEGE	APPROXIMAT BETWEEN ONS	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUE	insil	lyte heary	f difear	_		
ATION	gove rise to immediate cause (a), stating the	DUE TO, O (c) CONDITIONS C	A-truing as a conseque	ENCE OF	NOT RELATED TO THE TERM	MAL DISEASE OR CONI	20b. IF YES, W	ERE FINDINGS	
IIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, O (c) CONDITIONS C	A-truing as a conseque	ENCE OF		200 -AUTOPSY?	20b. IF YES, W	ERE FINDINGS	DEATH
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Ruck Towson Funeral Home, Inc. Towson, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

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(VRA 15, 4)

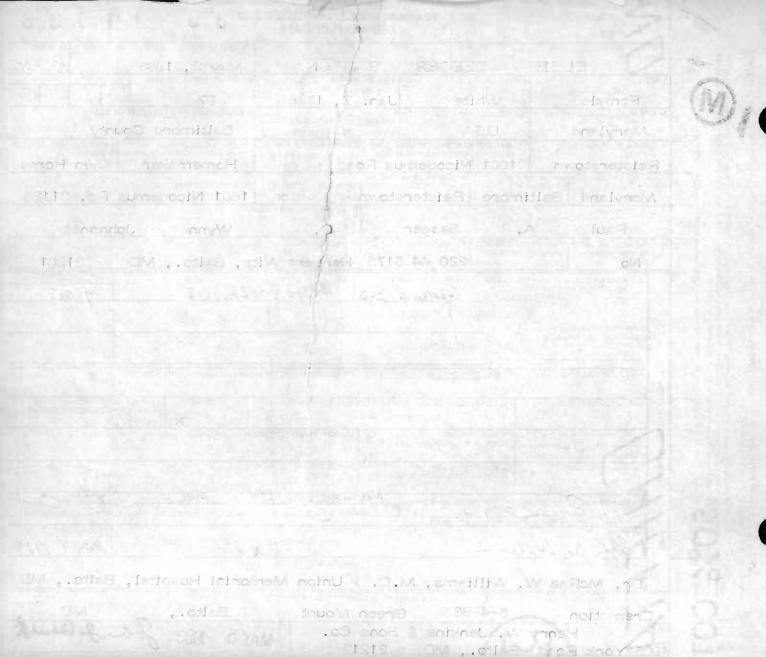
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		EASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	,,,,,	Har	ry	Hammond	Barr	anger	May	5, 19	983	8:50 PM
3	SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	0	Male	Whi	te	Marc	h 13,1921 YEAR	62	YRS.	MONTHS	HOURS MIN.
357	BIR	THPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY O Baltimore			
3	CIT	Maryland Y OR TOWN OF DEATH	USA	HOSDITAL NILIDSIN	WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATI		-	MD OF BUSINESS OR
6	T	owson	Greate:	r Baltimo	re Me	dical Center	Salesman		E) INDUSTRY	thing
25		L RESIDENCE (IF NURSING HOM TATE TAY CO	E OR OTHER INSTITUTION DUNTY	I3t. CITY OR TOW Baltimo		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 917 Arran	Rd.	21239	
200 14	. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	1	LA	ST
1		John Barrang	,			Margare	t Cross			
016		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT			Larchda	le Rd.
1			WII	218-01-8	492	Patricia A.	Barranger L	aurel		IMATE INTERVAL ONSET AND DEATH
ner men		Conditions, if any, which gove rise to immediate cause (a), stating the	(b)_	arterio R AS A CONSEQUE	scler	otic cardiova	scular dise	ase		
o so should be	ATION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES	. WERE FINDI	NGS USED
7	TIFICATION	PART 2. OTHER SIGNIFICAN						206. IF YES		NGS USED
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nem 2118 morked of semi	MEDICAL	PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER. NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 22a. I certify that (I) (this he sow the deceosed alive yee, (I) (we) (did) (did)	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST 25spitol) oftended th con d not) view the body	OF INJURY .M. MONTH D. .M. OF INJURY REEL, FACTORY, OFFICE, F are deceased from May 5 19 8	OPERATIO AY YEAR 19 ARM, ETC 1	21t. HOW INJURY OCCURE 21f. LOCATION STREET May 5 1983 and that in (my) (our) opinion of DEGREE ATTENDING	200. AUTOPSY? YES NO CITY OR TO CITY OR TO A to May deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	206. IF YES IN CERTIF YE RY IN ITEM 18 P	county 19_83 r and from the 22c. DATE May	NGS USED OF DEATH? NO STATE thot (I) (we) lost couses stoted SIGNED
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MATORIAN: II frem 2.1 is morked of remma	WEDICAL WEDICAL	PART 2. OTHER SIGNIFICAN Part 3. OTHER SIGNIFICAN PART 3. OTHER MEDICAL EXAM PART 4. OTHER 4. OTHER MEDICAL EXAM PART 4. OTHER MEDICAL EXAM PART 5. OTHER 5. OTHER MEDICAL EXAM PART 5. OTHER 5. OTHER MEDICAL EXAM PART 5. OTHER 5. OTHER 5. OTHER MEDICAL EXAM PART 5. OTHER 5. O	21b. TIME CHOUR A P 21c. PLACE (AT HOME, ST on a not) view the body arms, M.D.	DE INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F and deceased from May 5 y offer death.	OPERATIO AY YEAR 19 ARM, ETC]	216. HOW INJURY OCCURS 216. LOCATION STREET May 5 1983 and that in (my) (our) opinion of physician [22e. ADDRESS 6701 N. Char	200. AUTOPSY? YES NO CITY OR TO CITY OR TO May deoth occurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES IN CERTIF YE YE RY IN ITEM 18 P	county 19_83 r and from the 22c. DATE May	NGS USED OF DEATH? NO state that (I) (we) lost couses stated SIGNED 6, 1983

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		.A	r			STAT	E OF MARYLAND		
	/	10	1.	FOR STATE REGISTRAR		DEPARTMENT OF F	CATE OF DEATH	YGIENE 8 3	1 1 9 3 3
				CEASED NAME FIRST	WIDDLE		ASI	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
e P	ge 3	See.		ELSIE	SEEC	SER B	ARTON	May 2, 198	33 10:20Pm
E	1		3. SE	X	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
- 4	M	}		Female	White	Jan.	7, 1886	97	YRS. MONTHS DAYS HOURS MIN.
	U	31	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	BALTIMORE CITY OF CO	
100	100	20		Maryland	USA	WIDOWE	DI DIVORCED [D-112	County MD.
fler	will will		10. C	TY OR TOWN OF DEATH		AL, NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS OR INDUSTRY
201	by	00		eisterstown		odemus R	oad	Homemake	
ND 21	y filled in should be	35	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	INTY 13c. CI	IDENCE BEFORE ADMISSION) TY OR TOWN SISTEPSTOWN	134 INSIDE CITY LIMITS?		mus Rd. 21136
thin thin	2 sh			THER'S NAME	MIDDLE	LAST	15. MOT IER'S MAIDEN	NAME	1100 1100
MAR wed	completely s 1 and 2 sh	30				eeger	FIRST	Wynn	Johannes
RE,	d co	1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	00110111100
BALTIMORE,	Poges	1	(res, no or unknown) (IF yes, G	220	0 44 5175	Herbert W	/itz, Balto., A	MD 21201
3ALT	physicio npopers- movol.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per fine for	(o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
: 4	physic onpope emovol.				ED BY: TE CAUSE (o)	ENGRALIZAD	ARTENIO	Schnosis	48A28
NO 4	corbon, or rea			4409	DUE TO, OR AS A	CONSEQUENCE OF			
deo	nove corb			Canditians, if any, which	(b)				
W. PR	y the			gove rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSKCIAN: The low requires that the death cert	hen pleas		NC	PART 2. OTHER SIGNIFICANT		UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
S ×	been prior	-	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
L RE	hos pe		TFIC					YES T NOTE IN	CERTIFYING CAUSES OF DEATH?
N. TI	certificate h irial-transit p ental Hygier tem 18 chay	0	CER	21a. ACCIDENT WAS UNDERLYING		RY ONTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN IT	
O CIA	buriol-tr	7	CAL	OR CONTRIBUTING CAUSE OF DE	.AIR	ONTH DAT TEAR			
HYS ndin	S A DE		MEDICAL	214 INJURY OCCURRED	218. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	21E LOCATION	CITY OR TOWN	COUNTY STATE
NIVIO DE	After the e os the olth ond		2	AT WORK NOT WHILE					
0 0			. 39	220.1 certify that this hosp	ital) attended the deced		1 bon 8400 15 19 6	7.10 1924	
R ATTENDI	DIRECTOR: sched for us Dept. of He			saw the deceased alive above (1) we) (did) (did n	of view the body ofter de	19		on death accurred on the date or	nd hour and from the causes stated
o ho	DIRE ochec Dept		13	226. SIGNATURE			DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
TAL	RAL			The wo- W.	llu-		PHYSICIAN	DIRECTOR PHYSICIAN	J Miny 3, 1983
OSP ed b	FUNERAL old be det the Stote			224. PHYSICIAN'S NAME (TYPE			22e. ADDRESS		1 0 11 110
eloin H	should be d			Dr. McRae V					al, Balto., MD
	100			URIAL, CREMATION, REMOVA	23b. DATE 5-4-83		EMETERY OR CREMATOR	23d LOCATION CITY OF TOWN Balto.,	COUNTY MD STATE
ВР			24 5	Dremation			Mount	ATE RECID. BY REGISTRAR 256. R	
	16 50M 4/ RA 15, 4)			INERAL DIRECTOR Henry				MAY 5 1983	John John Committee
(VP	(A 13, 4)		490	5 York Road	Balto. A	MD 212	12	0	



FOR

REGISTRAR DECEASED NAME

- STATE

(TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE Balto., Md. COUNTY STATE Burial 5-13-83 Loudon Park Cem. Schamunek Funeral Home ADD Inc. 3331 Brehms Lane, Baltimore, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a DATE OF DEATH

la

12h KIND OF BUSINESS OR

Lovola Fed.

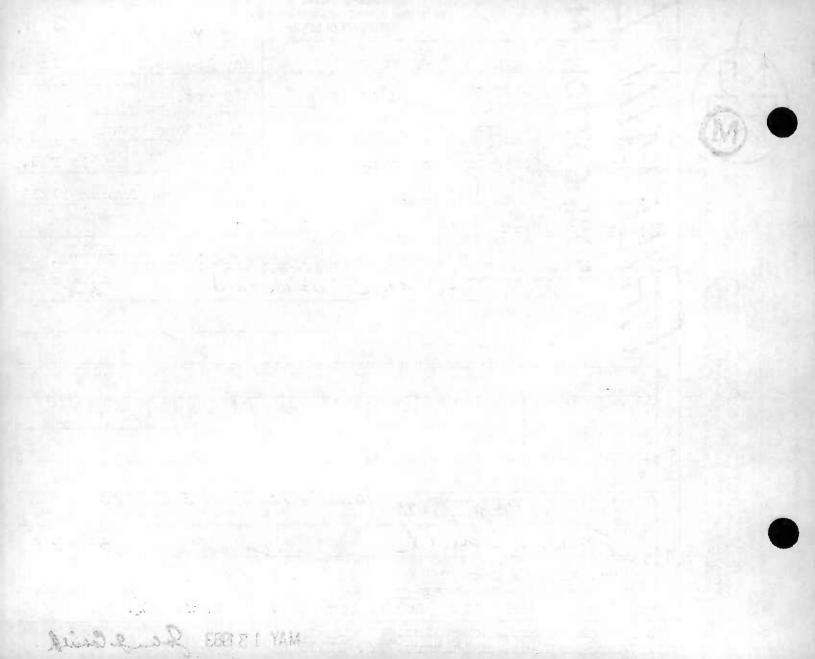
APPROXIMATE INTERVAL

NONE

22r. DATE SIGNED 5-11-83

INDUSTRY

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

							REG. N	J.		
	CEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		nsenh M	BAUERNSCH	UB			May 14, 19	83		5.29a
3. SE	Х	4 RACE		5. DATE	OF BIRTH		6. AGE IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	Male Male		hite	Jan		1917	66	YRS.	ONIHS DAYS	HOURS MIN.
30. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	AARDIED 🗍	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland	U.	S.A.	WIDOW		VORCED	Baltimore	Count	·V	м
Ji C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	NOITUTION	12a. USUAL OCCUPATI	ON	126. KIND C	OF BUSINESS OF
	Rossville	Fran	klin Squa:	re Ho	spital		Ret. Uni			
111111111111111111111111111111111111111	AL RESIDENCE (IF NURSING HON STATE MARYLAND	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Baltimo:	N	13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 5102 Pem	broke	Ave.	21206
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER	MAIDEN NAM	ΛĒ			
	Martin G. B				,	first	Alice	Mari	laney	51
	WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMA		ADDRE		212	206
(S, GIVE WAR OR DATES)	216-01-5	355	Evely	m H. B	auernschub	5102 F		
NO	Conditions, if ony, which gove rise to immediate couse (01), stating the underlying couse lost PART 2 OTHER SIGNIFICAL	$\begin{cases} (b) = 0 \\ \text{DUE TO, CO} \\ (c) \mathbf{A} \end{cases}$	rterioscle	y Emb	c Cardi	lyocard:	ve Heart Fa jal Infarct lar Disease	ion		0
ATIC	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	120h IF YES	WERE FINDIN	JGS LISED
CERTIFICATION							YES NOW	IN CERTIFY YES	ING CAUSES	OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	F DEATH HOUR A	.M. MONTH DA .M. OF INJURY	19	211. LOCATIO		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART 2)	
×	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA		STREET		CITY OR TO	WN	COUNTY	STATE
	220. I certify that (this has sow the deceased alive above, (did) (def	ospital) attended the on May 1/	ne deceased from 183_ rafter death.	May	13, nd that in (m/k)	, 1 83 (our) opinion d	to May 18	te and hour	83 and from the	that (1) (we) los couses stated
	22d. PHYSICIAN'S NAME (T	Draw.	ark	/	DEGREE 270 ADDRES		MEDICAL STAF DIRECTOR PHYSIC	FIADLE	22c. DATE 5-1	Y-83
	Mitchell	Krowczyk	M.D.		9000	Frank1	in Square I	Orive :	21237	

DHMH - 16 50M 1/81 (VRA 15, 4)

hould be detach IMPORTANT

> 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

Burial

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

STATE

REGISTRAR

236 DATE

May 17 1983

23c NAME OF CEMETERY OR CREMATORY Most Holy Redeemer

Baltimore, Maryland

23d LOCATION Baltimore

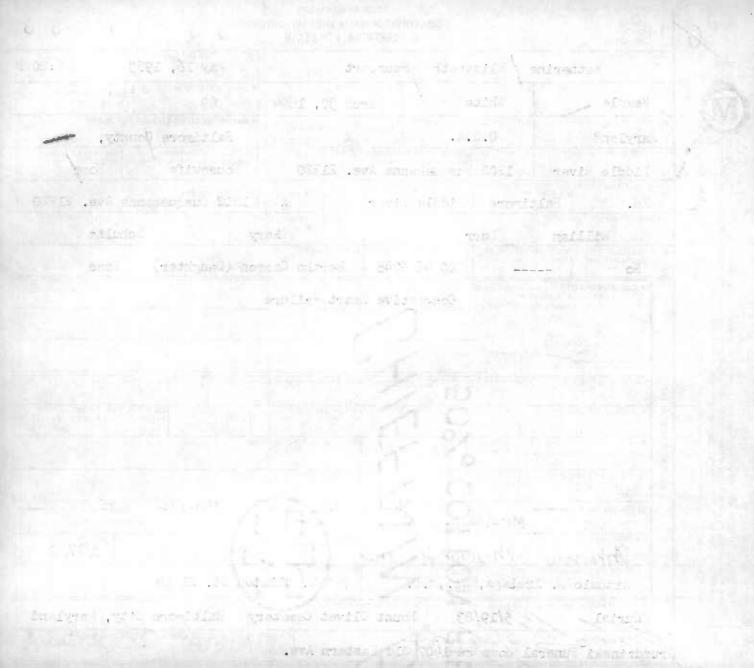
Maryland

MAY 161983

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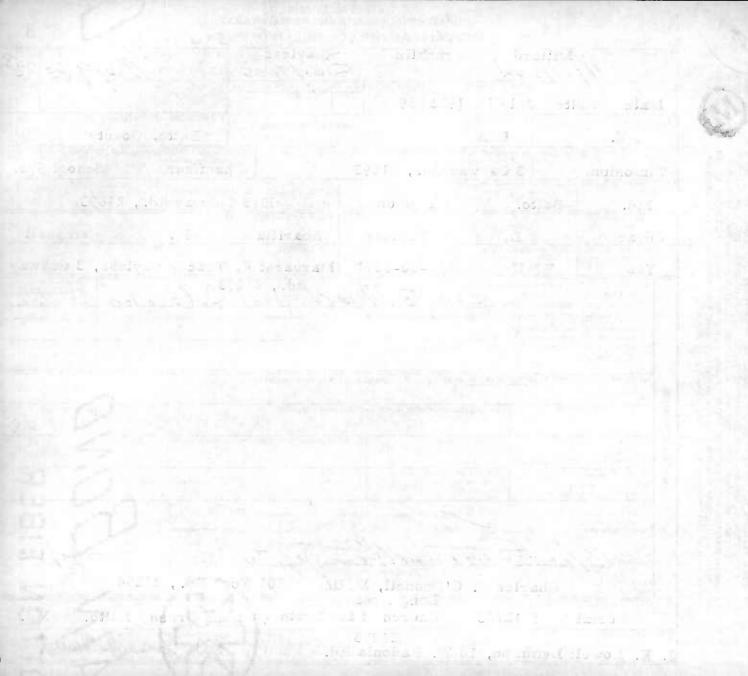
6	1.	FOR STATE REGISTRAR				ALTH AND MENTAL HYG CATE OF DEATH	8 S REG. 1		1 9	3 6
be age		CEASED NAME FIRST OR PRINTS Katherine	Elizabeth	Ba	umga		May 16		B YEAR	26 HOUR 8:20 P
	3. SE	Female	4. RACE White	5.	Mar Mar	ech 30, 1894	6 AGE (IN YEARS LAST B	YRS.	MONTHS DAYS	IF UNDER 24 HRS
123		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL		MARRIED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY Baltimo			MD
1 100		Middle River	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, OF 1202 Susqu	ehann	a Av	e. 21220	126 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST	OF WORKING LI	12b. KIND C INDUSTRY Home	OF BUSINESS OR
24 hour	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY Bald		R TOWN		13d. INSIDE CITY LIMITS? YES NO A	13: STREET ADDRESS	uehanr	na Ave.	21220
mplet ond 2 th	\$4. F/	ATHER'S NAME FIRST William	MIODLE Durr	AST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		chultz	Л
n and co Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	46 67		17 INFORMANT Bertha Cass	on (Daught		Same	San de
hat the death certificate by the attending physicic ase remove carbanpaper J, cremation, ar remaval. other traumatic event, this		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	D BY: C CAUSE (a) DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)	NSEQUENC	E OF	eart Failure			APPROXI BETWEEN (MATE INTERVAL PASEL AND DEATH
equires to signed Then ple rota buria injury, or	NOI	PART 2. OTHER SIGNIFICANT (G TO DEA	TH BUT N	NOT RELATED TO THE TERMI	INAL DISEASE OR COM	NDITION GIV	VEN IN PART 10	3
on. has been to permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPE	ERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
HYSICIAN: T ding physici lis certificate burial-transi Mental Hygi ar Item 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED	HOUR A.M. MON	TH DAY	YEAR 19	21c HOW INJURY OCCURR			F. T.	
TENDING Prital or attentors. OR: After the or use as the fileolth and is marked	ME	while NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE NOT	(AT HOME, STREET, FACTORY, tal) attended the deceased	fram_N	IAA	STREET (\$, 19 <u>\$ 3 \\ 4 that in (my) (oor) apinion d</u>	, ta May	14		that (I) (we) ast
TO HOSPITAL OR AT retained by the hasp TO FUNERAL DIRECT should be detached for with the State Dept. or IMPORTANT: If them 2		226. SIGNATURE MEANU 226. PHYSICIAN'S NAME (TYPE O	Muaga	A	mo	ATTENDING PHYSICIAN 220 ADDRESS 703 S. Clin	DIRECTOR PHYSI	CIAN	224. DAJE 5/1	SIGNED 7/83
Bb should be sho		BURIAL, CREMATION, REMOVAL		73c. NAM		METERY OR CREMATORY livet Cemeter	23d LOCATION Ballein	ore C	ity, Mar	rylañd ^e
DHMH - 16 50M 4/82 (VRA 15, 4)	To	zdzinski rwor	1 Home PA 14	07 01	d Ea	stern Ave. MA	Y 1 8 1983	25b. (TE/GIS)	TRAR'S SINA	anily



6	-	FOR STATE REGISTRAR	a)00 a/1/0	the transfer of	AENT OF HEA	THE AND MENT. ATE OF DEAT		8 ,	5. NO.	1 1	9 3 7
و د		EASED NAME FIRST		DDLE N.	Danna		20	DATE OF DEA		DAY YEAR	26 HOUR
or, page 3 ifter death	3. SEX	Alver	4. RACE		5. DATE OF I		6.	May +		IF UNDER I YEA	
0	2a BIR	THPLACE (STATE OR FOREIGN	75. CITIZEN OF W		Jan	5, 190	0	75	YRS.	LY OF DEATH	1
(M)	CC	ississippi	U.S.A		MARRIED WIDOWED	NEVER MARRI	IED 📙			e Count	MD MD
1100	_ (Y OR TOWN OF DEATH	(IF NOT IN SUCH 2905	OSPITAL, NURSIN FACILITY, GIVE STREET Chenoak	ADDRESS)	OTHER INSTITUTION (Residen	(1	o. USUAL OCCL YPE OF WORK FOR A Hous			OF BUSINESS OR
filled in	130 S1		altimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Carney	N 13	d. INSIDE CITY LIA		STREET ADDR	chenoa	k Ave.	21234
and 2 st	14. FAT	HER'S NAME FIRST Evert	MIDDLE	laypool	15	. MOTHER'S MAIL FIRST Anna		MIDI	N	ot Knov	AST VN
Pages 1		AS DECEASED EVER IN U.S. NO OR UNKNOWN) (IF YE	GIVE WAR OR DATES	427-16-C		informant Frederic	ek W.		tner 29	05 Cher	21234 noak Ave.
physicia npopers maval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	4	a 6 mil	Vascul	lar a	couler	P		NONSET AND DEATH
tending re carba on, ar re umatic e		4360 Canditions, if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF C	ersbul	1 art	eno sol	2843	+	Seast
by the offer ase remove c , cremation, other traum		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	NCE OF		W.				
n signed by Then pleas to burial, injury, ar o	Z	PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO I	DEATH BUT NO	of RELATED TO THE	HERERMINA	AL DISEASE OR	CONDITION G	IVEN IN PART	timi Valen
prior.	CERTIFICATION	90. DATE OF OPERATIO		ION FOR WHICH				200 AUTOPSY?	20b. IF Y	ES, WERE FIND	PINGS USED ES OF DEATH?
Annial-tronsit per Mental Hygiene or Item 18 shaws	_	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A.M	A. MONTH D	AY YEAR	1c. HOW INJURY	OCCURRED	(ENTER NATURE O	FINJURY IN ITEM 18	PART 1 OR PART 2)	
and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O		2	If. LOCATION STREET	Let	CHTY	ORTOWN	COUNTY	STATE
for use os of Health 21 is mor		220.1 certify that—(this h sow the deceased olive above, (I) (we) (did) (di	on	4/12/19	30 33_, and	that index) (our)	opinian deo	th occurred an i	he date and ho	, 19_ our and fram th	, that (we) last ne causes stated
tal DIRECT detached f ate Dept. o		226. SIGNATURE	In spin	, End	Q . DE	GREE ATTEN PHYSI	IDING I	MEDICAL PH	STAFF	22c. DA	E SIGNED
FUNES old be othe St		22d. PHYSICIAN'S NAME (T		M.D.		20. ADDRESS		ford Ros		timore.	Md.
O de M	23a. Bi	JRIAL, CREMATION, REMO	VAL 236. DATE	23c. 1		ETERY OR CREM	ATORY	23d. LOCATION		COUNTY	STATE
		Burial NERAL DIRECTOR	May 16	1983 1	Dulaney	Valley		Cocker EC'D. BY REGIS	vsville		rland ATURE
50M 4/82 15, 4)		Leonard J. R	uck, Inc.	Baltimo	re, Ma		MAY	161983	Joe	mg C	suil

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	STATE REGISTRAR	M	EDICAL EXAMINER'S	CERTIFICATE OF	DEATH 3 REG. NO	1 3	8
	ECEASED NAME	Millard	Franklin	Bayless	IN DATE KNOWN OF ESTI-	MALIGINA VEAR	253
2.5		DATE OF BIRT	Y TEAR LAST BRIDGIAY) - LIFE	INDER 1 VK. IF UNDER 2	-	MONTH DE TEAM	M. HOUR
35 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF USA	WHAT COUNTRY? 8. MAR WIDO	RIED NEVER MARRIE	- 1	County OF DEATH	MD
00	CITY OR TOWN OF DE	3 Oakv	OSPITAL, NURSING HOME, OR OT FACILITY, GIVE STREET ADDRESS) VAY Rd., 21093	THER INSTITUTION	12d. USUAL OCCUPATION TYPE FOR MOST OF WORKING LIFE) . Chauffeur	School S	SINESS Sys.
5 130.	Md.	URSING HOME OR OTHER INSTITUTION 13b. COUNTY Balto.	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Timonium	YES NO X	13e STREET ADDRESS 3 Oakway Rd.	, 21093	
	FATHER'S NAME FIRST Edgar	MIDDLE D. RIN U.S. ARMED FORCES?	Bayless	Abarilla 17. INFORMANT	M. ADDRESS	Campb	ell
1 100	YES, NO, OR UNKNOWN) Yes	WWII	217-20-5371	Margaret	E. Tracey Ba		
OVION NOIN		g the <u>under</u> (c) NT CONDITIONS <u>CONTRIBUTING TO DEA</u>	OR AS A CONSEQUENCE OF		1.(g).		
S BURIAL, CREA	19a. DATE OF OPER		DITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?	
553	ZIO. EXTERNAL CAU		OF INTUINE			YES 🗌	NO V
MEDICAL CI		OR HOUR A CAUSE OF DEATH PRED 216 PLACE	.M. MONTH DAY YEAR .M. 19	HOW INJURY OCCURRED OCATION STREET	ENTER NATURE OF INJURY IN ITEM 18 I		STATE
DICAL DICAL	UNDERLYING CONTRIBUTING Tild. INJURY OCCUR WHILE NOT AT WORK AT V	OR HOUR A CAUSE OF DEATH PRED 216 PLACE	.M. MONTH DAY YEAR .M. 19 E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	OCATION STREET DOSS DOSS DOSS DOSS DOSS DOSS DOSS DO	CITY OR TOWN	PART I OR PART 2)	STATE
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MEDICAL MAN 1230 TAILOR 1230 T	UNDERLYING CONTRIBUTING CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION OF THE CO	OR CAUSE OF DEATH PRED 21e PLAC STREET, F WORK I tack charge of the remoins of Naturol causes Charles F REMOVAL 23b. DATE	.M. MONTH DAY YEAR M. 19 E OF INJURY (AT HOME, ACTORY, FARM, ETC.) Described above, held an Auto Accident, Suicide O' Donnell, M.	OCATION STREET OPSY	Inquiry, on Undetermined monner, MEDICAL EXAMINER York Rd., 212	COUNTY d in my apinian DATE 5/9/19 204	STATE



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	X	our annual posts	
Bell Moser	u ful	1000	P yaond
Ol Gwyantrook Ave., inga Mills, Md. 20117		215-29-026	0.

Initud

Orings Mills, No.

hey 12,1985 Evergreen Memorial Gardens Histopher, Carroll, Md.

2	1.	FOR STATE REGISTRAR			DEPAR		HEALTH AND	MENTAL HY	GLENE 8	REG. N	10.	1 9	4 (
	TYPI	CEASED NAME E OR PRINT)	FIRST		A .	BI	E A TY	th inco	5-26-	83	of 26	83	26. HOUR
ä	3. SE	x Fema	le	4. RACE Cauc	asian	S. DATE (OF BIRTH DAY	YEAR	66	EARS LAST BI		IF UNDER I YEAR	HOURS MI
35		IRTHPLACE (STATE OR COUNTRY) aryland	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOW		MARRIED	9 BALTIMO	1	OR COUNTY	OF DEATH County	44
55	10 C	ity or town of DE Randallsto	wn	11. NAME OF (IF NOT IN SI Balti	HOSPITAL, NURS JICH FACILITY, GIVE STREE MOYE COU	ING HOME (et address) aty Ge	OR OTHER IN	NOITUTION	TYPE OF WORLD	CCUPAT	ION OF WORKING LIF	12b. KIND (OF BUSINESS
5	130. S	al residence (15 NUR STATE aryland	13b COUN Balt	ITY	13c CITY OR TO' Woodla	WN	YES 🗌	CITY LIMITS?				Balto	2.07 Md.
30		Benjamin			Parks		L	illian	ME	MIDDLE		Vroten [^]	51
1	{	NAS DECEASED EVER YES NO OR UNKNOWN) NO	(IF YES, GIV	MED FORCES? E WAR OR DATES)	214-01-4		17 INFORM	^{ANT} Mr. Dogwood	Charle:		Bec	aty (Hu Marylar	
		Conditions, if ony gove rise to im couse (a), statiunderlying couse	mediate ng the lost.	(b)	A RTERY OR AS A CONSEOU POLY CY CONTRIBUTING CO	JENCE OF	IA VE	RA	AINAI DISEASE	ORCON	UNITION GIV	FN IN PART 1	01
9	CERTIFICATION	COVA	ESTIU	E HE	ART FAI	WRE	gamenton.		200 AUTO	211	20b. IF YES	, WERE FINDI	NGS USED
9	_	210, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH [DAY YEAR	21c. HOW II	NJURY OCCURI	RED (ENTERNA	NO		ART I OR PART 2)	NO []
	MEDICAL	21d INJURY OCCUR	HILE 🗀		OF INJURY TREET, FACTORY, OFFICE	FARM, ETC)	21f LOCAT			CITY OR TO	NWC	COUNTY	STATE
		22a. I certify that (I) saw the deceas above, (I) (we) (ed olive on.	5-	26- 19	V-	nd that in (my	, 19_ <u>63</u>) (our) opinion	death accurred	5- d on the c	2.5 late and hou	and from the	that (I) (we) I couses stated
		22b. SIGNATURE	N	Truy-	Spots		MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA		22c. DATE	26/8
		22d PHYSICIAN'S N.	IOLD	DEPE	STRE		22e ADDRE	SS LTIMOI	RE COL	INTY	600	=PAL	HOSPIT

23c. NAME OF CEMETERY OR CREMATORY

Wood Lawn

Baltimore Maryland

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

236. DATE

236. BURIAL CREMATION, REMOVAL (SPECIFY) Burial 5-28-83 Lorraine Park Cemetery Wo.
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 1250. DATE REC'D.
8728 Liberty Road Randallstown, Maryland 21133 MAY 3.

etained by the haspital

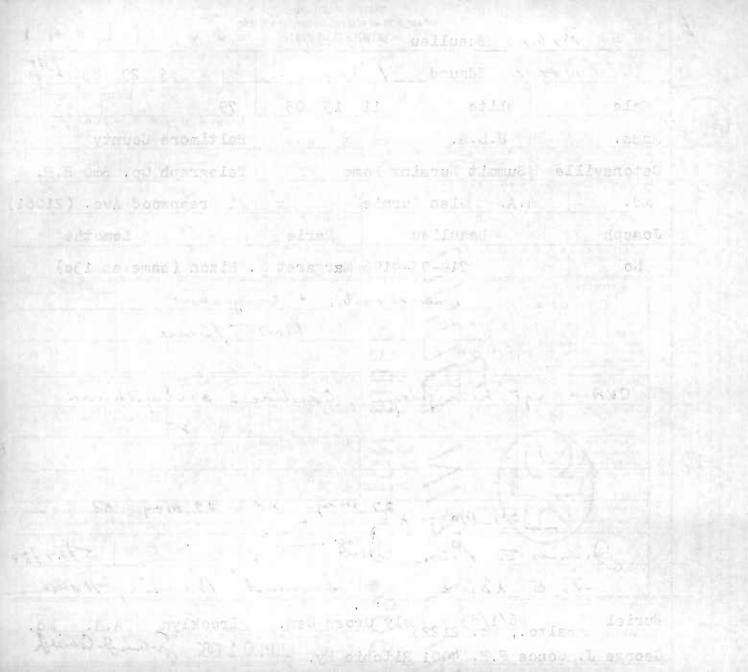
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicians should be detached for use as the burial-transit permit. Then please remove carbonappers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

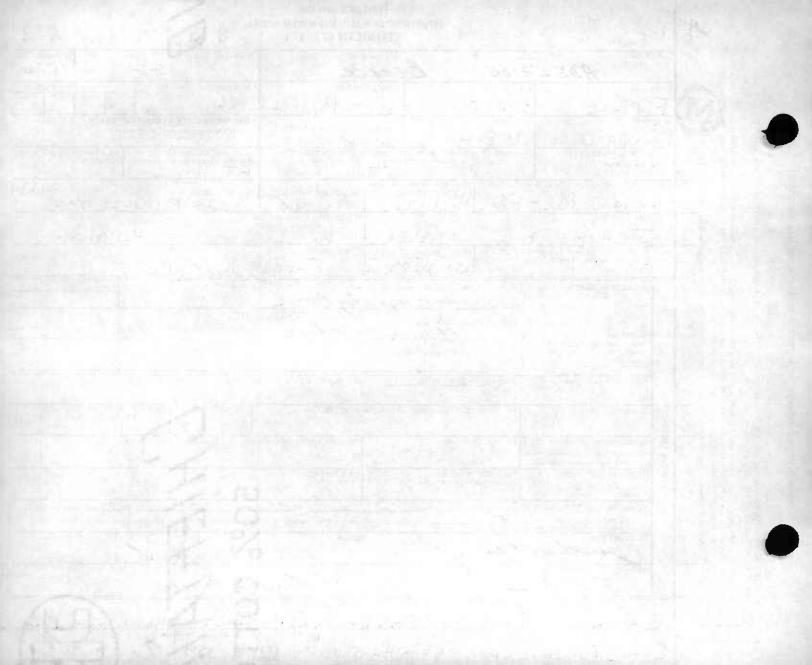
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S 16 VI A SEE A CHARLE The second of the second Contract of the second of the second Longotto DE May 20 MAY 31 PBS John & Court !

11				STATE OF MARYLAND		
16	1	FOR STATE		MENT OF HEALTH AND MENTAL HY	GIENE A Z 1	1 9 4 1
			r E. Beaulieu	CERTIFICATE OF DEATH	REG. NO.	1 / 7 1
		CEASED NAME FIRST	MIDDLE		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Certi	uul Edmund	Beaulieu Sr.	5 2	9 83 1-43
MEN	3. SE	Х	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		Male	White	11 13 03 O3	79 YRS.	MONTHS DAYS HOURS MIN.
V	1	MHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
2		ass.	U.S.A.	WIDOWED DIVORCED	Baltimore Co	unty
2/		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	12b. KIND OF BUSINESS OF
0	12	atonsville /	Summit Nursi	ng Home	Telegraph Op	B&O R.R.
7 2	130.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13¢ CITY OR TON	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	13e, STREET ADDRESS	5507
1		Md.	A.A. Glen B	urnie YES NO X	#1 Greenwood	Ave. (21061
n	17	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
66	J	oseph	Beaulieu	Marie	MIDDLE	Lemothe
1	16a \	VAS DECEASED EVER IN U.S.	C N/E 14440 CO D 14561		ADDRESS	
1		NO OR UNKNOWN) (IF YES,	214-05	-4196 Margaret N	I. Hizon (same	e as 13e)
		18 CAUSE OF DEATH (Enter	anly one couse per line for (a), (b), a	nd (cl.)	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAU	ATE CAUSE (0) PNEW	monetes + co	ngishue	
	7	4860	DUE TO, OR AS A CONSEQU	JENCE OF		
	11	Canditians, if any, which	(b)	hear	facture	
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
ч		underlying cause last	(c)			
	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1101
	CERTIFICATION	CVH - 1	gt henripl	egia, Cardia		themen
11	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICE	PERATION WAS PERFORMED	200 AUTOPSY? 206 F YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
7	RTIE				YES NO Y	ES NO
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L	216. TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	NER) P.M.	19		
	MED.	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 2H. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK NOT WHILE AT WORK		144		
		220.1 certify that (1) (this has saw the deceased alive	pital) attended the deceased from.	27 10 out 19 8=	3, 10 29 May	. 19, that (I) (we) la
		above, (I) (we) (did) (did	on19 postryiew the bady after death.	23, and that in (my) (exc) opinion	deoth accurred an the date and ho	ur and from the couses stated
- 14	-	774 SIGNATURE	- 0	DEGREE	MEDICAL STAFF	224. DATE SIGNED
,		James	o & Nove	PHYSICIAN [DIRECTOR PHYSICIAN	3 /29-/8
		274 PHARICIAN'S NAME THE	EOR PRINTS	27e ADDRESS	- N :	11
			E. ROWE	Amuni	A Wensen	4 Home
	23o. E	URIAL, CREMATION, REMOVA	11.1-	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		urial	6/1/83 Ho	oly Cross Cem.	Brooklyn	A.A. Md.
	24. FU	INERAL DIRECTOR DALL	ADDRESS	25a DAT	E REC'D. BY REGISTRAR 26. REGIS	TRAR'S SIGNATURE
	C	nongo T Cox	00 F W 11001	Pitabia II-	0 1 1983	- Committee

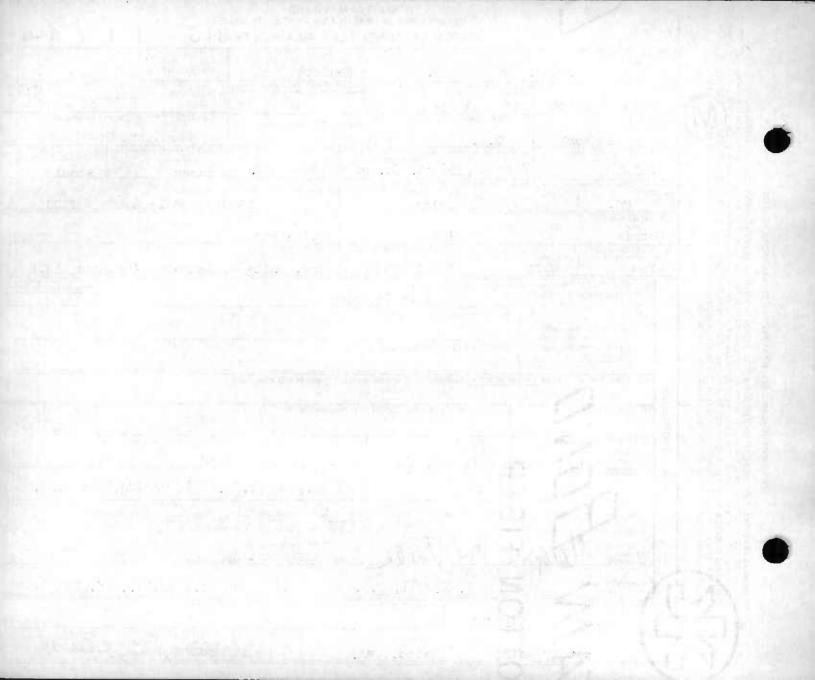


9	1.	FOR STATE	DEPAI	RTMENT OF HEA	ALTH AND MENTAL HYG	IENE 8 3		9 4 2
e 6		CEASED NAME ADELA	IDE MIDDLE	BECKE	R	REG. N		2b. HOUR 9:24am,
moy b	3. SE		4. RACE	5. DATE OF		6. AGE IN YEARS LAST BIR		R I YEAR IF UNDER 24 HRS
4 90 4	F	STAME	WHITE	SEPT	- 19, 1896	86	YRS.	DAYS HOURS MIN.
Property Po	0	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF BALTIMORE	RE COUNTY	ATH MD.
s ofter d	10 C	TOWSON	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR ST JOSEPHS	SING HOME OR	OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	DE WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
24 hours	130. 3	TATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEINTY 13C, CITY OR TO	II NWC	3d. INSIDE CITY LIMITS?	130. STREET ADDRESS	SUDALS	ROAD 21231
the state of the s	-	THER'S NAME		1200	MOTHER'S MAIDEN NAM		1211101726	NORD
ond ond	E.	JOSHUA	HIDDLE MILL	LER	AM ELia	MIDDLE	HERR	ling
n and co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN)	RMED FORCES? 166. SOCIAL SE	CURITY NO. 1	FAMIL	4 RECOR		
ote b ysicio opers. vol.		18 CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), ED BY:	and (c).) CA	RDIO RESPIRA			APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
g physon por remo			TE CAUSE (o) CAUGA	s respire	by Amst			
oth company or corbin motic		4570	DUE TO, OR AS A CONSEC	DUENCE OF MA	SSIVE HEMORR	HAGE	- 51/1/3	
e dec move notio		Conditions, if any, which gave rise to immediate	(b) /7453	we put	mage			
of th		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF			allegate	
herr pled herr pleg e burial jury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1(a)
has been been permit. The property in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?
ELAN-TI g physici enticote coltronal mel Hypi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	?1¢ HOW INJURY OCCURR			
Of Physical Control of the Control o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	1	II LOCATION STREET	CITY OR TO	OWN COU	INTY STATE
NO. 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	18		ital) attended the deceased from	m 034-15	. 19_83_		19_83	, that X (we) last
ATTE SPINE CTO Tree 121		obove, NF(we) (did) (nicky)	ti new the body after death.	, and	that in Xny) (aur) apinion o	death accurred on the d	ate and have and fro	am the causes stated
AL OR AL DIRE to the house destrocked	1	THE SIGNATURE	MA	DE	GREE ATTENDING PHYSICIAN	MEDICAL STA	FF _/	. DATE SIGNED
D HOSPIT torined by O FUNER MPORTAN		J. T. Ru	21 Marie D		St. Joseps	L's Hospie	&C	
5 5 5 4 1 5	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23	R. NAME OF CEA	METERY OR CREMATORY	23d. LOCATION	COUNT	Y STATE
BP	5	URIAL	MAY 6, 1983	OAKL	AWN LEM.	BALTIM	ORE BAL	-TO- MO.
DHMH - 16 50M 4/82	24 FI	INERAL DIRECTOR	ADDRES	5 11	1/0	REC'D. BY REGISTRAR	256 REGISTRAR'S S	IGNATURE
(VRA 15, 4)	1	VANS FUNERA	AL CHAPIL 88	DAHAR	FORD MA	Y 4 1983	Sala.	Q. Cabull



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20M 4/82



	1 .	FOR	8a-22a Fi	lm G580 6	21/83 pst DEPARTMENT O	ATE OF MA	ARYLAND AND MENTAL	HYGIENE			
~ 1		STATE REGISTRAR		ME	DICAL EXAMI	NER'S CI	ERTIFICATE (OF DEATH .	S REG. No.	1 9 4	5
(BM) 2		CEASED NAM	E FIRST		MIDDLE	U	AST	2a. DAT	E KNOWN XX MC	-	2b. HOUR
100				HARD		BENTLE		DEA	TH MATED 5	-8 -83 _{•19}	A
N STR	I SE	ALE	4. RACE WHITE	5. DATE OF BIRTH	YEAR 6. AGE (IN LAST BIRTI	YEARS IF UND HDAY) MONTHS YRS.		MIN. PRONC	UNCED	- 3 -83 19	2d. HOUR 2: 12PM
S CHESS	70. B		TATE OR	76. CITIZEN OF WE		1	D NEVER MARI	RIED	IMORECITY OR CO	DUNTY OF DEATH	140
PAGES RHEE RHEE RHEE RHEE RHEE RHEE RHEE RH		andal l		(IF NOT IN SUCH FA	PITAL, NURSING HOL CILITY, GIVE STREET ADDRESS CO. Gene	5)			CUPATION (TYPE OF W		USINESS TRY
ANNY DE ANNY DE COULD PROCEDURE	#45U/			R OTHER INSTITUTION, GE	VE RESIDENCE BEFORE ADMI	SSION)	3d. INSIDE CITY LIMITS? YES NO	13e. STREET ADI	DOGWOO	D Ro2	1207
EATH IF EST. 2. PM 3. WITH IT	11 1	ATHER'S NAMI		MACK	BENTLE		S. MOTHER'S MAID	DEN NAME	MIDDLE	the6	<
BALTIMO S ATTER D GIVE PAG GIVE PAG GIVE PAG GIVE PAG ITH FORM PAGES 1 A		WAS DECEASE	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR 220 - 90 -		BILLY M. B	entles	ADDRESS SIL DOGW	1 01	1207
: 5.8.3 F.O		571 Condition	ATH WAS CAUSED	E CAUSE (a)	for (o), (b), and (c).) atty metam AS A CONSEQUENC	orphis		liver w	ith chroni	С	TE INTERVAL LET AND DEATH
TAL RECORDS, 201 W. PRESTON ST HOULD BE EXECUTED WITHIN 24 HO RD."PENDING" IN PENCIL IN ITEM I HIEF MEDICAL EXAMINER ALONG USED AS A BURAL "TRANSIT PERM OF HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL.		couse (o lying co) stating the <u>under-</u> use lost.	(c)	AS A CONSEQUENC		OR CONDITION GIVEN IN P	ART 1 (a).			
VITAL RECORDS SHOULD BE EXECTORD "PENDING" CHIEF MEDICAL E USED AS A BUI T OF HEALTH AN URIAL, CREMATI	CERTIFICATION	19s. DATE OI	OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION WA	S PERFORMED?			20 AUTOPS	Y? NO 🗆
OF WEN	CAL CERT	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF E		MONTH DAY YE	AR 21c. HO	W INJURY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM 18 PART 1		
DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (ATHOME, TORY, FARM, ETC.)	21f. LOC.	ATION BEET	CITY ÓR	TOWN	COUNTY	STATE
WINER: SE FOR CTOR: LATHE S		22a. I cert death result	•	e of the remoins des	Accident ,	Suicide	Hamicide , TITLE (SPECIFY) ASSISTANT	Undetermined	manner .	ATE 5-9-	83
TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD E PRE NORTH, WIT PARTIMORE, MARN		EXAMINER'S (TYPE OR PRI	1817	Ann M.Dix	kon, M.D.			Penn Str		ONEU.	
BP 5	230.8	BURIAL, CREMA	TION, REMOVAL 2	36 DATE 5-12-83	23c NAME OF C	EMETERY OR	Tem. PK.		LLE BY	COUNTY	MD
DHMH - 17 (VR A15 ME (5))	24 F	SLACK	FUNER	AL AFME	P.O. By	Z68	250. DATE	Y 1 2 198	3 John	R'S SIGNATURE	4

2DM 4/82

220 & Park A. Mariny Landing and available STATES LARGER PRICE I'M STATES LATE CARPELL WILL Marie Street Street Contract Contract Street Street

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR 4 RACE JUNE 16, 1906 EMALE WHITE BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA BALTIMORE COUNTY PENNSYLVANIA WIDOWED XX DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR BALTIMORE COUNTY GEN. HOSP. CUSTOMER RELATIONS RANDALLSTOWN CLOTHING MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOM OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 3705 BANCROFT RD. #21215 13d. INSIDE CITY LIMITS? BALTIMORE MARYLAND YES TXX NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LEFKOWITZ MAX ORAM RACHAEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT BARRY BESBRIS 066-09-7723 3932 McDONOGH RD RANDALLSTOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (PART I. DEATH WAS CAUSED BY CASTROINTESTINAL BLEEDING Canditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 200 AUTOPS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b MPORT 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL FINKSBURG MAY 30,1983 BETH JACOB BP.

SOL LEVINSON & BROS, INC.

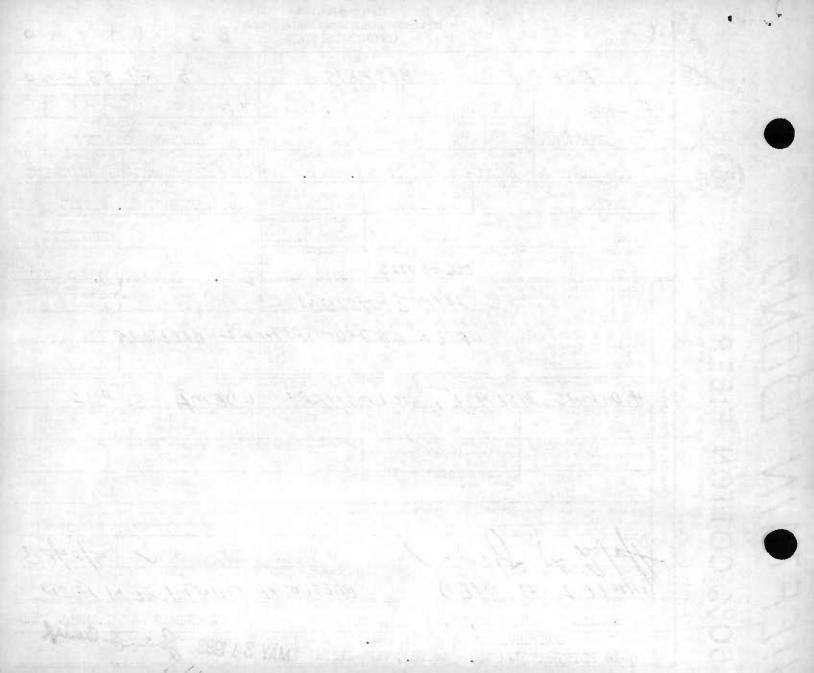
21215

6010 REISTERSTOWN RD. BALTO., MD

- STATE

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR

(VRA 15, 4)

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STATE OF MAR	YLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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n		CEASED NAME	FIRST	A	AIDDLE		LAST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
			Paul	Char	les	BIEGUN			May 5, 1	983	-	6:05 Pm
1	3. SE:		4	RACE			OF BIRTH	YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	ONTHS DATE	IF UNDER 24 HRS
		Male		White		m 7	2-1-1920	TEAR	62	YRS.	DATS	HOURS MIN.
1	7a. BI	IRTHPLACE (STATE OR FO	PREIGN 7	b. CITIZEN OF	WHAT COUN	NTRY? 8.	ED NEVER MAR	RIED T	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	10.0	Illinois		U.S.	A.	WIDOW	ED DIVOR	RCED	Baltimore		У	MD.
1	,	Rossville	/	(IF NOT IN SUC	nklin	Square	OR OTHER INSTITU Hospital	NOITI	120 USUAL OCCUPAT	OF WORKING LIFE		Steel
3	13a. S	Md.	COUNT		1350CITY OR		13d. INSIDE CITY YES X NO	LIMITS?	13. Speed of Win	thrope	Ave	21206
0	14 FA	ATHER'S NAME FIRST Paul L	Biegij	DDLE	ŁAS	1	IS. MOTHER'S M.		ne Olsze	wska	£A!	ST
n	16a. V	VAS DECEASED EVER IN	U.S. ARM	ED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT	11542	ADDR	ESS		
1		YES NO OR UNKNOWN)	WII	WAR OR DATES)	353-10	2-6793	Marie F	. Bie	gun - 6019	Winth	rope A	ve2120
		Canditions, if any, gave rise to imme cause (a), stating underlying cause	MMEDIATE which ediate	DUE TO, OF	Cardio Ras a cons Metasi	orespira SEQUENCE OF tatic ca			e pancreas		8ETWEEN:	imaté intervai Onset and déath
	7	PART 2 OTHER SIGNI	FICANT CO	ONDITIONS CO							N IN PART 10	0 '
2	CERTIFICATION	19a DATE OF OPERATION	ON	196 CONDI	TION FOR W	HICH OPERATIO	DN WAS PERFORMI	ED	200 AUTOPSY? YES □ NO X			NGS USED S OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b TIME OI HOUR A.A P.A	M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT I OR PART 2)	
	MED	21d. INJURY OCCURRE WMILE NOT WHILE AT WORK		21e. PLACE ((AT HOME STRE		FFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
		22a. I certify that () (t saw the deceosed above, () (we) (dic 22b. SIGNATURE)				11011	nd that in (my) (au		, to May 5 eath accurred an the d	ate and hour o	ond from the	
1		22d. PHYSICIAN'S NAM	AF (TYPE OP S	J.	ren			NDING _	MEDICAL STA		22 c. DATE	SIGNED,
/		Thayn	e C.	Griene	r		9000 1		in Square	Dr., 2	1237	
	(Burial, CREMATION, RE	EMOVAL	23h DATE 5-9-83			enetery or created	ery	Balto.	1100	COUNTY	STATE
		ineral director Mill	er In	c-6415	Belai	r. Rd21	206	250. DATE	REC'D. BY REGISTRAR	25h EGISTR	AR'S SIGNAT	TURE .

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

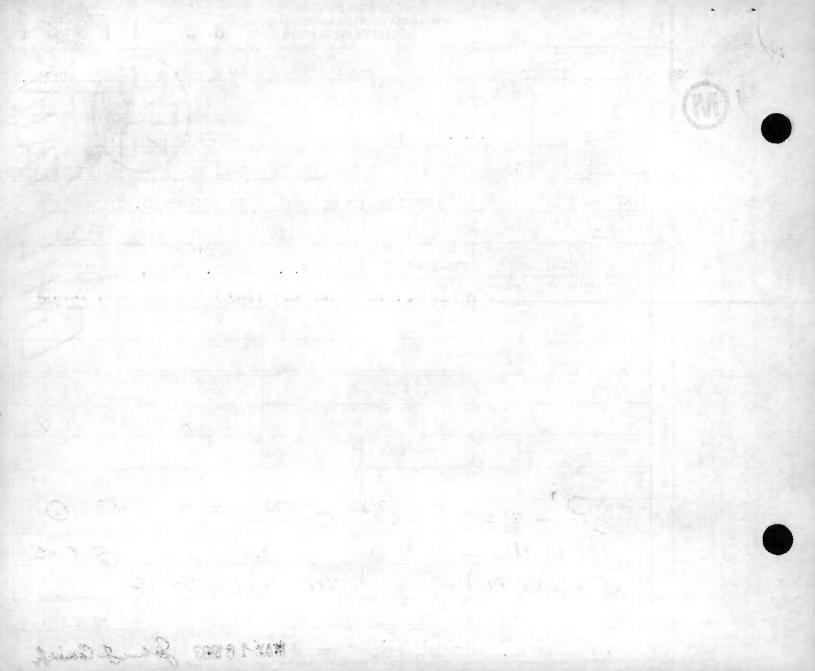
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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				STATE OF MARYLAND					
1	1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	11 /	11050			
10 -	-	REGISTRAR		CERTIFICATE OF DEATH	B S REG. NO.	1 1 7 3 0			
9 5		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	20.1100K			
page 3		Howard			May 30, 198	745			
4 mo	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
oge oge aurs of		Male	White	March 23,1917		RS.			
f. P		COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH			
de de	10.0	Virginia	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore County M				
100	Qw	ings Mills/	136 Wilgate	Road	Bureau of Footw	ing life) 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Cit			
100	130 M	al residence (if nur aryland	130 CITY OF TOWN	NOTE 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 3502 Keswi	ck Road			
1 10 DW	14 FA	ATHER'S NAME	NIDDLELAST	15. MOTHER'S MAIDEN N	AME				
1 11 0200			Blevins			lis			
nd co	160 V	VAS DECEASED EVER IN U.S. ARA YES 100 OR UNKNOWN) (16 YES, GIVE	WAR OR DATES!		ADDRESS				
an o s. Po		No	578 18	8199 Howard V.	Blevins 13	36 Wilgate Rd.			
vires that the death certify isgued by the attending piene please remove carbons a burial, cremation, or remory, or other traumatic evenus, or other traumatic evenus.	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Polic Colon	MINAL DISEASE OR CONDITION	I GIVEN IN PART 110			
law reg	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. ii	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?			
The re has sit per shown	RTIF				YES NO	YES NO			
SICIAN: The gaphysicia physicia physicia hidransir i rial-transir trial-transir tem 18 share		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEA	A 1B PART I OR PART 2)			
offendir offer this of the bull hand Miked or	MEDICAL	21d. IN JURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
attendil spital ar CTOR: A Ifar use af Heali		22a I certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did not		, and that in (my) (aur) opinion	n death occurred on the date and	hour and from the causes stated			
TAL OR, y the hory the horder DIRE detached to the Dept NT: If then		226. SIGNATURE dS	Ettinger 1		MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED			
TO HOSPITA etained by TO FUNERA should be de with the Stat IMPORTANT		Dr. David Et	tingel		pkins Hospita	1			
BP	23a E	Burial, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY odlawn Cemetery		e, Maryland STATE			
	24 FI	UNERAL DIRECTOR	0,2,00	I25n.DA	ATE REC'D. BY REGISTRATION RE	GISTRADAS SIGNATURE			
DHMH - 16 50M 1/81 (VRA 15, 4)	В	urgee Funeral	Home 3631 Fa	11s Rd.21211 MAY	31 198	- tobill			

To be the good of the territory Markett Barren



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

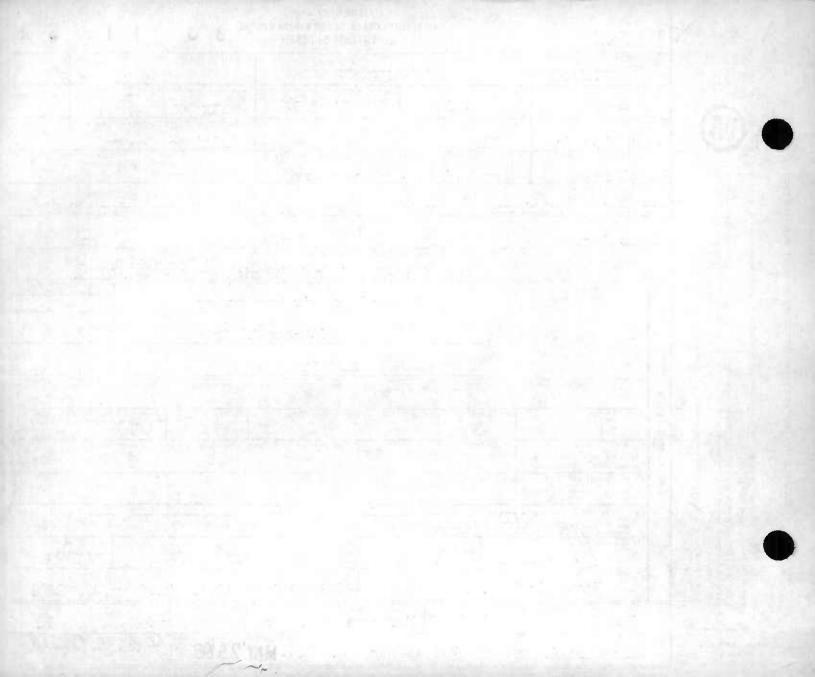
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FOR STATE REGISTRAR		DEPARTM		FICATE OF DEATH	IENE 8 3		1 9	ร	2
1. DECEASED NAME FIRST		MIDDLE		LAST		MONTH DAY	YEAR	2b. HOL	JR
(TYPE OR PRINT))RA	ANN	WKX !	BOETINER		5 22	83	9.12	2A M
3. SEX	4. RACE	The N	5 DATE		6 AGE (IN YEARS LAST BIR		JNDER I YEAR	IF UNDER	24 HRS
Female		White	MON	24 DAY 1892 R	927 91	YRS	THS DAYS	HOURS	MIN
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH		
West Virginia	USA		WIDOW		Baltimor	e Count	v		MD
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINE	ESS OR
Randallstown				cent Home	Homemaker		INDUSTRI		
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COL	OR OTHER INSTITUTION		ADMISSION		13e STREET ADDRESS				
	timore	Dunda		YES NOTE	3438 Liber	tv Park	wav 2	1222	
14 FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
James Johnson	MIDDLE	LAST		Sarah	MIDDLE		Deem)	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRI				
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	213-07-73	393D	Linda A McDar	niel Dundal	tship R	97922		
18 CAUSE OF DEATH (Enter	only one couse per	line for Ia1, (b1, and	dices				APPROX BETWEEN	IMATE INTER	VAL
PART I. DEATH WAS CAUSED BY Acute cardio-respiratory arrest									
2500	DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if ony, which	Dichotoo Mollitus								
gove rise to immediate couse 101, stating the	e 10), stoting the DIJETO OR AS A CONSEQUENCE OF								
underlying couse lost	(c)			Senility					
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	01	
0 2								0.5	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN	ERE FINDII	NGS USE	D TH?
T T T T T T T T T T T T T T T T T T T			200		YES NO	YES [NO [
OR COLUMNIC CALLER OF O	21b. TIME C)FINJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2]		
(IF EITHER, NOTIFY MEDICAL EXAMINE	(R) P.	M	19						
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.]	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	51	TATE
AT WORK NOT WHILE AT WORK			4 /4	000			00		11:31
220.1 certify that (I) (this has	pits /11/83	e deceosed from_	1/,) 19 <u>82</u>	, to	. 19.		that (I) (
obove, (I) A (day (did	not) view the body	ofter death.		nd that in (my) (our) opinion (deoth occurred on the d	ate and hour or			
22b. SIGNATUR	•	nun		DEGREE	MEDICAL STA	FF	22c. DATE		
KAC			100		MEDICAL STA	CIAN	5/22	2/83	
PHYSICI S AME (TYPE RETIZO RI	cci, M.D	,		2893 Baltimo	ore Blvd. Fi	inksburg	g,Md.	2104	18
230 BURIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY EVEN Mem. Park	23d LOCATION CITYOR TOWN Glen Bu	rnie [©]	UNTY	Mď	ATE

Walter Brooks Bradley, Inc Dundalk, Md. 21222 MAY 24 1983

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If them 21 is marked or them 18 shaws any



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DHMH - 16 50M 4/82 (VRA 15, 4)

MARYLAND 21201

W. PRESTON ST., BALTIMORE.

DIVISION OF VITAL RECORDS, 201

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

21229

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IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

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1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL	L HYGIEI	NE 8 3	0.	1 9	5 5
	CEASED NAME E OR PRINT) Mar	y y	Eve	1yn	BRADY	AST	2	May 19	,1983	Y YEAR	2b HOUR 11:40am
3 SE	Female		White		S. DATE C	28, 1922 YEAR	R	AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	HOURS MIN.
Soc	irthplace (state or for the Carolin	a	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		Baltimor			MD.
'R	OSSVILLE	F	rankli	HOSPITAL, NURSIN		ital		ROUSUAL OCCUPAT TYPE OF WORK FOR MOST O INTERVIEWE	OF WORKING LIFE)	126 KIND O INDUSTRY US-go	of Business or
13a. 3	aryland	Balto		GIVE RESIDENCE BEFORE 130. CITY OR TOW Middle R		134. INSIDE CITY LIMIT YES X NO]	e street address 1135 Orem	s Road	212	20
	George	Davis	S	Smith LAST		Annie Annie	NAME	Mae	Beas	ley LAS	Y
	WAS DECEASED EVER II YES NO OR UNKNOWN) NO	N U.S. ARMEI (IF YES, GIVE W.		237-2 8-4		Evan H. Br	rady,	, 1135 Ore	ms Road	1,220 1,Balt	o,Md.
	PART I. DEATH WA	which ediote	DUE TO, OF	Probal	NCE OF NCE OF	onary arres	tases	3			MATE INTERVAL PNSET AND DEATH
CATION	PART 2. OTHER SIGN 19a. DATE OF OPERATI					NOT RELATED TO THE	TERMINA	ALDISEASE OR CON	20b. IF YES, \	WERE FINDIN	IGS USED
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OC	CCURRED	YES NO D	YES		OF DEATH?
MEDIC	21d INJURY OCCURRE	D .	21e. PLACE C		ARM, ETC.)	21E LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	22a L certify that (A) (saw the deceased above. (A) (we) (di					d that in (n X) (our) opi	83 pinion dea	, ta May 1 ath accurred an the d	9, 19 ate and hour o	and fram the	
	22b. SIGNATURE		4 000			DEGREE ATTENDIN PHYSICIA		MEDICAL STA			19/83
	Carlos K					9000 F	rank	lin Squar	e Drive		1more 21237

230 BURIAL, CREMATION, REMOVAL

236. DATE P36. NAME OF CEMETERY OR CREMATORY P36. NAME OF CEMETERY OR CREMATORY P36. PAGE OF CEMETERY OR CREMATORY P36.

23d LOCATION S BELL Air

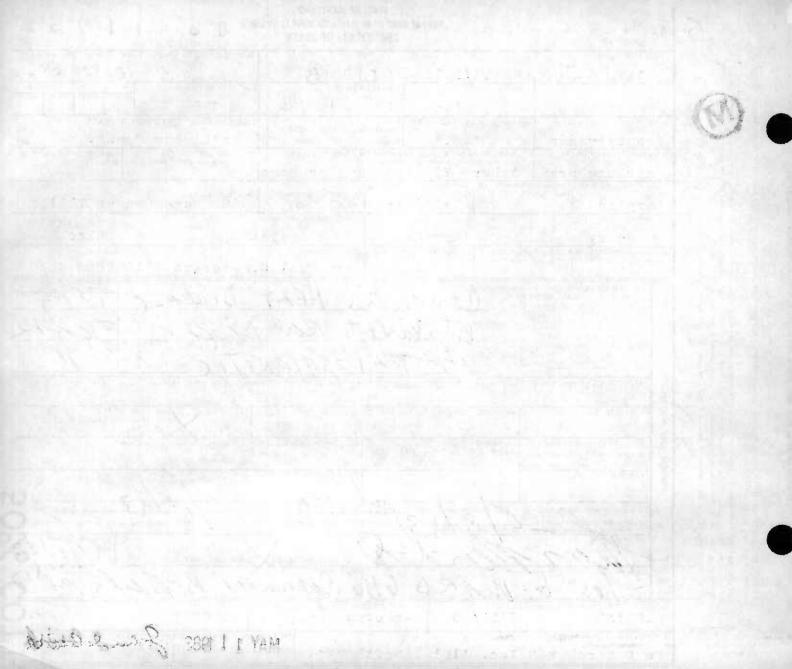
Harford Md. STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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0,	1 - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 3	1 9 5 8
	I. DECEASED NAME FIR	ST MIDDLE	LAST		DAY YEAR 26 HOUR
1 11	(TYPE OR PRINT) CATHS	RINE L.	BROWN	MAY 5 1983	3 1 A
10 d	3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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IME	Ta. BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUNT		RAITIMORE CITY OR COUNTY	OF DEATH
	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	COUNTY MD.
1 11 00	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
1 13 10	lowson	VALLEY VIS	LW NSG. HOME	AT HOME	i) INDUSTRY
1 10 20	13a. STATE 13b.	OME OR OTHER INSTITUTION GIVE RESIDENCE B	TOWN \$13d INSIDE CITY LIMITS	S? 13e. STREET ADDRESS	21931
1 100		ALTIMORE PARKI	VILLE YES NO DY	18517 OLO HA	RFORD ROAD
1 10 10	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
2 85/80	HENRY	BUR	ns SADIE		Mills
e exect	160. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b SOCIALS ES, GIVE WAR OR DATES)		ADDRESS	
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rSICIAN: The ing physician certificate to viol-transit had another them 18 state.	210 ACCUENT WAS UNDERLY	21k TIME OF INJURY	DA YEAR THE HOW INJURY OCC		ART I OR PART 2)
ding physicians is certification burial-tran Mental Hy	OR CONTRIBUTING USE	OFDEATH	DA TEAK		
T D E 0 2 0	OR CONTRIBUTING JUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CHY Cur (Dunn	COUNTY TEATS
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NDIR If ar Use of fealt	27s I certify that (I) (Im-	hospytal) attended of deceased tro	15 Aug. 1	s o may	19 5 that (II Ae) last
ATTE aspito ECTO d for t. of h	above il allegare	nd not wer the hed after death.	9 33 and that in (my) (2) upin	ion death occurred on the dole and haur	and from the course stated
8 4 8 4 5 p	22h SIGN	010	DEGREE	1	THE DATE OF DE
	(1)/0	June -	ATTENDINI PHYSICIAN	MEDICAL STAFF	3/6/83
O HOSPITAL trained by the O FUNERAL with the State MPORTANT:	22d. PHYSICIAN'S NAME	THE DEPAINTS U	27e ADDRESS		
TO HOSPITAL etained by t TO FUNERAL should be det with the State MAPORTANT:	UR. FRANK	T. KASIK,	R. 19005 H	ARFORD ROAD, F	ARKVILLE
Day to a	230. BURIAL, CREMATION, REMO	OVAL 23b. DATE	34. NAME OF CEMETERY OR CREMATO		COUNTY STATE
BP	BURIAL	MA49, 1983	PARKWOOD LEM	1. MARKVILLE B	ALTO-MARYIANC
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR	ADDRE	25a.	DATE REC'D. BY REGISTRAR 251 REGIST	
(400 19, 4)	ZVANS FUNS	RAL CHAPEL & BORRE	OOHARFORD RD. M.	AY 131983 John	I Comiel

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FUNERAL HOME

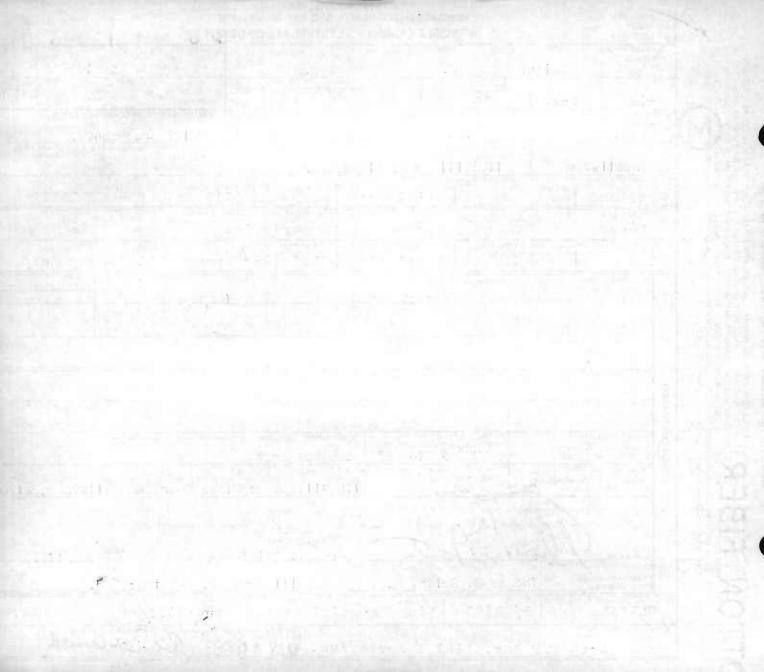
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



the attending physician and carremave carbanpapers. Pages 1

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR			CERTIF	ICATE OF DEATH	0	REG. NO		1 7	0 1
16		CEASED NAME FIRST		MIDDLE	ı	LAST	20. DATE O		AONTH	DAY YEAR	26 HOUR
ij	ITYPE	Anna Anna		L.	Calla	ın			5 1	. 83	7:OUAM
	3. SE)	X	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN)	YEARS LAST BIRTH	IDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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0		IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMO	RE CITY OR	COUNT	Y OF DEATH	
5	,	Maryland	U.	S.A.	WIDOWE		Bal	Ltimore	e Cou	inty	MD.
1	10. CI	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION		OCCUPATION OF THE PROPERTY OF			F BUSINESS OR
C		Balto.		Parkway		ing Home	House		WORKING	(FE) INDUSTRI	
5	13a. S	AL RESIDENCE DE NURSING HOME O STATE 136. COU Cryland Ba		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS? YES NO 🔀		ADDRESS Overb	rook	Rd. 212	212
	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDLE		LAS	ī
6		Anton		Chlan		Anna				Lipp	a
		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	SS		San de
		no (iF tes, G)	VE WAR OR DATES	219-28.	-2843	John Callan	608 La	ke Dr	. 212	204	
		18. CAUSE OF DEATH (Enter of	nly ane cause per	line for (a), (b), a	ind (c),)	2 . 0	. 1	•		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	dete	uco 2	elerotic C.	V. KLE	Lales		10	20
		4797		R AS A CONSEOU	IENCE OF	Go STORY & COLD	7 4			6	
		Canditians, if any, which	((b)	K AS A CONSECU	DETTICE OF						and the
		gave rise to immediate cause (a), stating the		R AS A CONSEOU	IENCE OF						
		underlying cause last.	(c)	K AS A CONSECU	DEINCE OF						
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E OR COND	ITION GI	VEN IN PART 10	a.
_	CERTIFICATION	19a DATE OF OPERATION	10h COND	ITION FOR WHIC	HOPERATIO	IN WAS PERFORMED	200 AUTO	OPSY?	20h JE YE	S, WERE FINDIN	VGS LISED
7	FIC	174 DATE OF OFERATION	170 COND	THORY TOK WITHE	II OI EKATIO	THAS TENI ONMED		1	IN CERTI	FYING CAUSES	OF DEATH?
-	ERT	210 ACCIDENT WAS UNDERLYING	7 21b. TIME C	F IN ILIRY		21c HOW INJURY OCCUR	YES T	NO M		ES DART (OR PART 2)	NO 🗌
1		OR CONTRIBUTING CAUSE OF DE	_ 1	M. MONTH	DAY YEAR	THE TOWN HOOK I OCCOR.	VED LEWIER W	KTORE OF INJURY	I II II I I I I I I I I I I I I I I I	PART TORPARTZ)	
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P. 21e. PLACE		19	21f. LOCATION					
	WED	WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC)	STREET		CITY OR TOW	/N	COUNTY	STATE
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		220.1 certify that (1) (this hasp saw the deceased alive a	11	e deceased from 19		nd that in (my) (our) apınian	death accurre	ed on the da	te and ha		that (I) (we) last
		abave, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body			DEGREE	acom occorr	o dii ine da	ic and na	22c DATE	
		THE SIGNATURE	77/000	100	This	ATTENDING	MEDICAL	STAF		-/.	2/12
_		22 PHYSICIAN'S NAME LIFE	EU BEUL	uer 1	4.0.	PHYSICIAN [DIRECTOR	☐ PHYSICI	ANL	13/-	1/00
		FREDERICK	- /	LMERN	1D	6100 YOL	ek RI	BA	LTIM	OREM.	D21212
		BURIAL, CREMATION, REMOVA	23b. DATE	230	NAME OF C	CEMETERY OR CREMATORY	23d LOC	ATION Y OR TOWN		COUNTY	STATE
		Burial	5/4/8	3 M	lost Ho	oly Redeemer	Ba.1	Ltimore	00	M	ld.
	24 FI	UNERAL DIRECTOR				25a. DA1	TE REC'D BY			TRAR'S QGNA	Weeld

DHMH - 16 50M 4/82 (VRA 15, 4)

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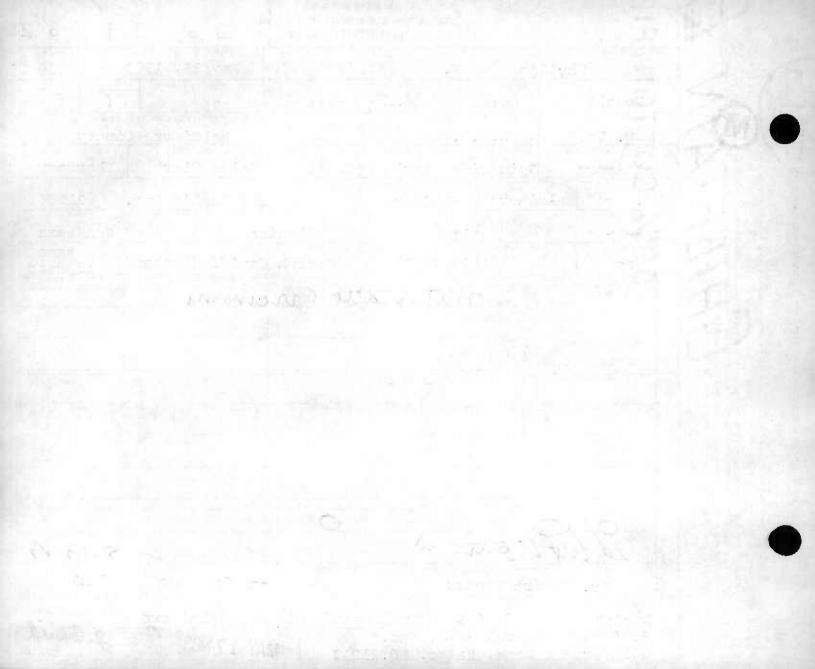
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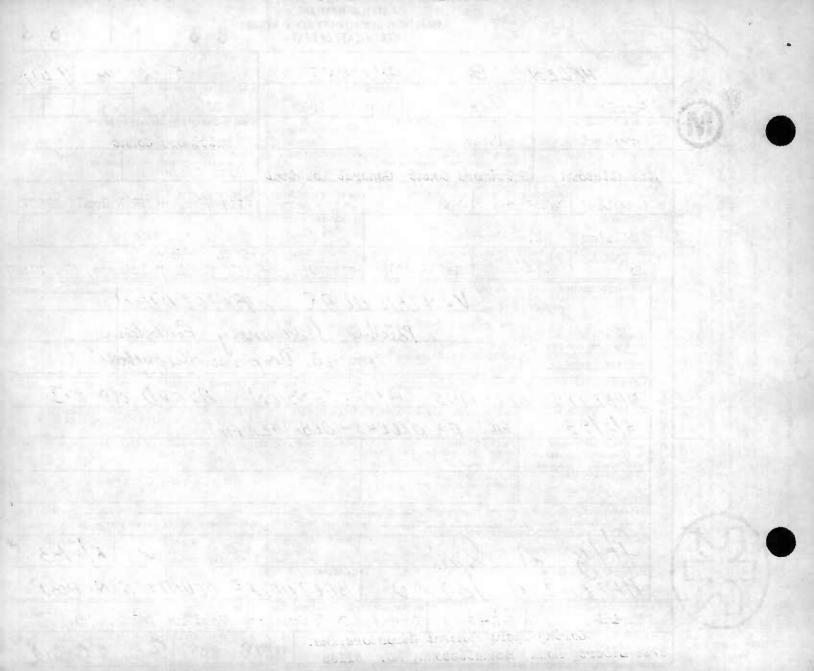
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4	1	FOR STATE			E OF MARYLAND IEALTH AND MENTAL HYG	IENE		1 0 / 0
		REGISTRAR			ICATE OF DEATH	8 REG.	NO.	1 9 6 2
41 ME		CEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DEATH		YEAR 26 HOUR Z
oge deal		Phyll:	_		aniff		1983	6:30 A
frer p	3. SE		RACE	5. DATE (6. AGE (IN YEARS LAST E	BIRTHDAY) IF UN	NDER I YEAR IF UNDER 24 HRS
1	1	Female	White	May '		75	YRS	
IMI		RTHPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT C	OUNTRY? 8.	DE NEVER MARRIED	9. BALTIMORE CITY	77	
		W. Va.	U.S.A.	WIDOWI			more Co	
by the filled wi	E		II. NAME OF HOSPITA (IENOT IN SUCH FACILITY Spindrift	, GIVE STREET ADDRESS)	Apt. 10-F	120 USUAL OCCUPA ITYPE OF WORK FOR MOST Sales C1	OF WORKING LIFE)	Pharmacy
filled in gould be	130 5	AL RESIDENCE (IF NURSING HOME OR C TATE 1136 COUNT Id. Balt:	TY 13c CIT	DENCE BEFORE ADMISSION) Y OR TOWN 1 timore	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 210 Lesli	e Ave.	21236
2 sh	M FA	THER'S NAME	NDOLE	LAST	15. MOTHER'S MAIDEN NAM	WE		
ed w	1	oseph	All		Elouis	se MIDDLE		Sundeman
dicol	160 V	AS DECEASED EVER IN U.S. ARA	NED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADD	RESS	same
be execu		no (Fres. Give	216	-32-3138	Joseph (Caniff (h	usband	address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
low requires that the dear is been signed by the offer ermit. Then please remove a e prior to buriol, cremotion, ton; injury, or other froum	CERTIFICATION	Conditions, if dny, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO.		ONSEQUENCE OF		INAL DISEASE OR COI	20b. IF YES, WE	N PART 140 ERE FINDINGS USED G CAUSES OF DEATH?
N. The sysicion cote he ronsit p Hygien 18	ERTH	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR		In the second	YES NO	YES [,
SICIAN: ng phys certifico priol-trar ental Hy ltem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. MC	ONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	IURY IN ITEM 18 PART ?	OR PART 2)
NG PHY offendi ffer this as the bu th ond M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO	RY DRY, OFFICE FARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY STATE
at OR ATTENDI the hospitol or at DIRECTOR: A to be or use to Dept. of Heal if If Item 21 is mi		22a.I certify that (I) (this hospital saw the decreased alice or above (1) (ive) ideal (dut early 12h. SIGN of the	ol) ottended the deceas	orh. or	19 (our) opinion of DEGREE ATTENDING PHYSICIAN		AFF	, that (I) (we) lost of from the couses stated
HOSPITAL ned by the FUNERAL UID be definitely the Stote ORTANT:	TON	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS		- 11 11	2 1 / / /
TO FUNERAL Should be de with the Stote			rt Stoner			t. Josep	h's Hos	pital
		SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR LOWN	co	UNITY STATE
BP	24 51	Burial	5/16/83		ns of Faith	Balti		Md. Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 PU	Schimunek Fu 3331 Brehms			1213 M	AY 171983	N 756. REGISTRAR	SSIGNATUREMENT



DIVISION OF VITAL RECORDS,



injury, ar ather traumatic event, the

shauld be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. af Health and Mental Hygiene prior ta burial, crematian, ar remaval.

MPORTANT: If Item 21 is marked ar Item 18 sh

24 FUNERAL DIRECTOR

STA	TE	OF	M	ARY	LAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	O G	. NO.		
		CEASED NAME OR PRINT)	DENNIS		MIDDLE .	CA	RR	MAY 9,		DAY YEAR	2b. HOUR 2:00 P.
	3. SEX	le		White		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS
	(RTHPLACE (STATE OUNTRY) Pennsylv		U.S.A		MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIMORE CIT BALTIM	Y OR COUNT	Y OF DEATH	MD.
>	10. CT	TOWSON					OR OTHER INSTITUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MC Western	OST OF WORKING		ired
7	13a. S	Maryland	136. COUNT		13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO 🛣			dge Road	1093
2	14. FA	THER'S NAME UNKNOW	N	HODLE	LAS	ī	15. MOTHER'S MAIDEN NA ROSE	MIDD	U	NKNOWN LAS	Ţ
		(AS DECEASED EV ES. NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	16h SOCIAL 183-01	SECURITY NO. -5832	Mrs. Lorrai		ard S	ame as #	#13 .
	Z	Conditions, if o gove rise to couse (a), ste underlying cou	immediate oring the use lost.	DUE TO, O (b) DUE TO, O (c)	CCR R AS A CONS	SEQUENCE OF	Cerotie C.	1 1 :00	. 1.1	IVEN IN PART 10	<i>ye</i>
>	CERTIFICATION	19a. DATE OF OPE	RATION	196. COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED	20a. AUTOPSY?	206. IF YI	ES, WERE FINDIN IFYING CAUSES (ES]	IGS USED OF DEATH?
	MEDICAL CER	21a. ACCIDENT WAS INCOME OR CONTRIBUTING [IFEITHER, NOTIFY M. 21d INJURY OCCU	CAUSE OF DEAT	P. 21e. PLACE	M. MONTH M. OF INJURY	DAY YEAR 19 FFICE, FARM, ETC.)	21c. HOW INJURY OCCUR 21f. LOCATION STREET		INJURY IN ITEM 18	PART I OR PART 2)	STATE
		22a.1 certify that		4	19	1/3	g-18, 19 Gg and that in (my) (our) opinion	death accurred on the	e date and ha		that (I) (we) last
		226. SIGNATURE	wiel	(22)	elen	w Mi	ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN [5/16	SIGNED
	M	Freder	ick J.	Vollmer	, M.D.		6100 York 1	Road Balt	imore,	Marylan	d 21212
	23a. B	URIAL, CREMATIO SPECIFY) Urial	N, REMOVAL	23b. DATE May 12	2,1983		EMETERY OR CREMATORY Valley Cem.	23d. LOCATION CITY OF TOW Cockeys	ville	Baltimo	re,Md.

ADDRESS 1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this

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STATE OF MARYLAND

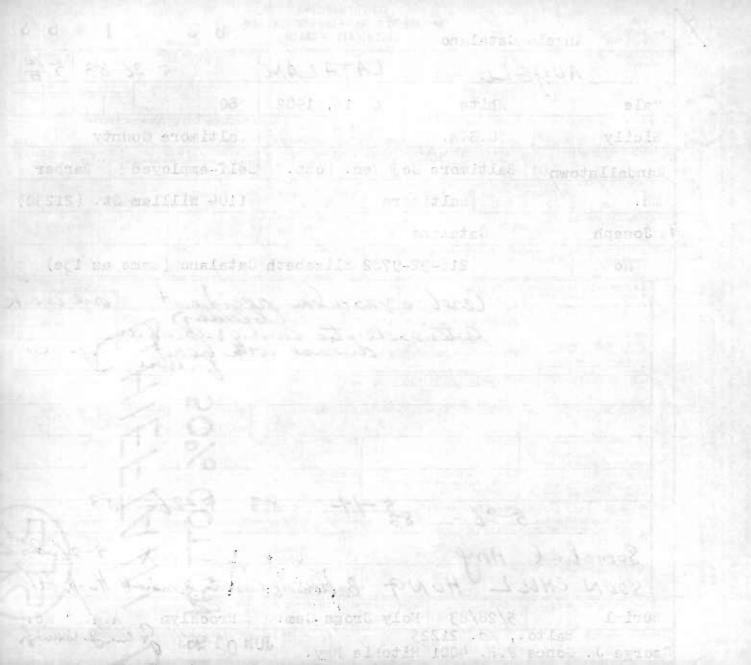
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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~	REG. NO.			

1	FOR - STATE REGISTRAR			EALTH AND MENTAL HYD	BIENE 8 3	11965
	PECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MON	1 1100K
1	MARY	P.	c.	ARRICK.	0:	5 20 83 2 A
3 S		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
	FEMALE	CAVEACI	ON 12		75	MONTHS DAYS HOURS MIN.
6	RIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT CO $U.S.A.$	MARRIE		9. BALTIMORE CITY OR CO	
	city or town of death andalls town	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, I Balto. Cour	CIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Home Maker	12h KIND OF BUSINESS OR
13a	ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	OTHER INSTITUTION GIVE RESIDE 1130 CITY Pike	or town esville	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 207 Woodhol	m Ave. 21208
1/		MIDDLE Pi	LAST tts	15. MOTHER'S MAIDEN NA Mary	ME MIDDLE A .	Conley
160	WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17. INFORMANT	ADDRESS 2	07 Woodholm Ave.
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 213-	-01-8782	Ralph Carrie		e, Md. 21208
AL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C CHIZONIC 199 DATE OF OPERATION S/6/83. 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CO (b) CA DUE TO, OR AS A CO (c) ARTE CONDITIONS CONTRIBUT BRONCH 17 196 CONDITION FO CANCER 216. TIME OF INJURY HOUR A.M. MOI	DISEQUENCE OF R DIOGE CONSEQUENCE OF RIO SCLING TO DEATH BUT TS. SI R WHICH OPERATIO IRT UR	EROTIC HEAD NOT RELATED TO THE TERM IP. Rt. NCPI N WAS PERFORMED ETER.	ET DISEAS WITH MITTAL RT DISEAS WINAL DISEASE OR CONDITION TO UN ACTUAL PROPERTY TO AUTOPSY? 1206	CHO MY. LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO MY.} \)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR FOWN	COUNTY STATE
	220.1 certify that (1) (this hosp: sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body after dea	- 19 83 , or	DEGREE ATTENDING PHYSICIAN [nedical Staff	nd hour and from the causes stated 22c. DATE SIGNED
	DR . SUDHIR	. D. PAT		BAL, CO		HOSPITAL
	Burial, cremation, removal Burial	5/23/83	Loudon	emetery or crematory Park Cemetery		City MD
	funeral director $Loring$ 728 $Liberty Rd.$			ors, Inc. 250 DAT	2 3 1983	REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

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	1-	FOR STATE REGISTRAR	DI	PARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	11967
noy be page 3 deoth		CEASED NAME FIRST ANTHO	ONY M.		AST VALIERE	20. DATE OF DEATH MONTH	31 *83 1:40P M
Poge 4 moy director, po	3. SEX	Male	4. RACE White	S. DATE O	17, 1913 AR	6. AGE (IN YEARS LAST BIRTHDAY) 69 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	WIDOWE		9. BALTIMORE CITY OR COUN BALTIMORE COU	INTY, MD.
by the fr		TOWSON	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GF GREATER BALT	VE STREET ADDRESS) IMORE MEI		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Long Shoreman-	12b. KIND OF BUSINESS OR INDUSTRY Cataneo Line Ser
filled in hould be	13a. S Ma	AL RESIDENCE (IF NURSING HOMEO TATE 135, COU ryland Cit	NTY 13c. CITY C	ce before admission) or town imore	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 420 S. Eden St	reet 21231
completely 1 and 2 s	1	THER'S NAME Raffaele	Cav	aliere	15. MOTHER'S MAIDEN NA FIRST Raffaela	MIDDLE 3.	Pierre
on ond s. Poger		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	1 SECURITY NO. 07-9869A	Stella V. Ca	avaliere, Symexx	9 Charington Rd.
death certificate offereding physici nove carbon papel offere, or removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI 4100 IMMEDIA Conditions, if ony, which	TE CAUSE (o) CARD	IAC ARRES	T 2º ISCHEMIC	HEART DX	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1:00 P.M. 1:4
ires that the digned by the or an please remotively, cremotively, or other tro	7	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COM	NSEQUENCE OF		INAL DISEASE OR CONDITION C	EIVEN IN PART Tro
he low requon. on. hos been s t permit. The ene prior to oweroast in ji	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CER	ZES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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offendin frer this c ss the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIR e hospitol or DIRECTOR: A pubed for use Dept, of Heolt		22a.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased n 5/31 at) view the body after death		, 19 <u>83</u> nd that in (my) (our) apinion	, to5/31 death occurred on the date and h	
	1	22b. SIGNATURE	Stolh, M	1.1).		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5/31/83
HOSi bined bined buld b		22d PHYSICIAN'S NAME (TYPE ROBERT STOI				N. CHARLES STRE	ET 21204
PP	(urial, cremation, removal specify) Burial	6-4-83	St St.	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FU Ru	UNERAL DIRECTOR CK Towson Funer	ral Home, Inc	· Towson	O York Rd 250. DAT	E REC'D. BY REGISTRAR 25h. REG	ISTRAR'S SIGNATURE

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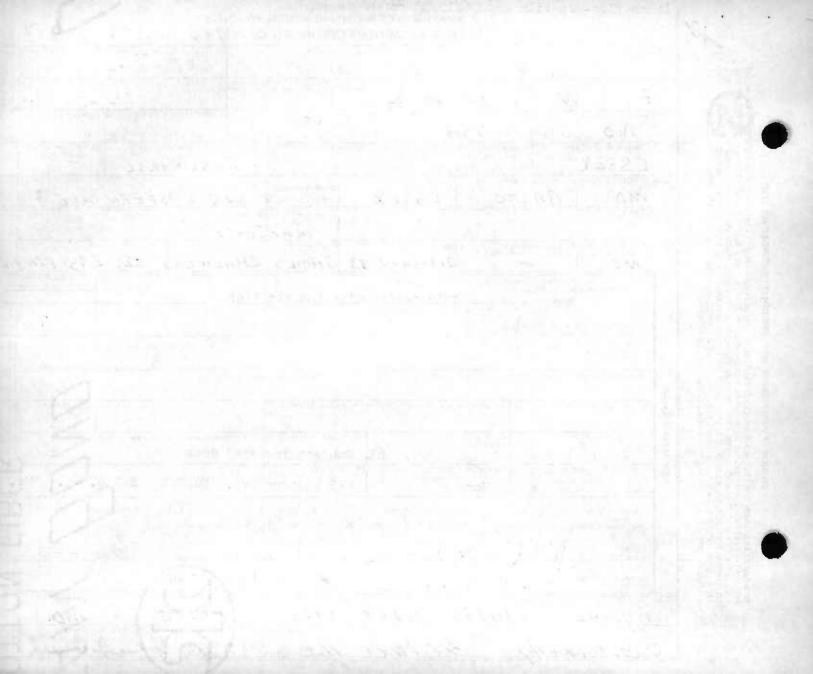
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	FEMALE NEGRO			DATE OF BIRTH	YEAR 6. AGE (IN Y LAST BIRTHI	EARS IF UN	DER 1 YR. IF UND	DER 24 HRS.	DEATH 2c. DATE PRONOUNG DEAD		MONTH	19 DAY YEA J 19 8	41.4	
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BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NE. GIVE PAGES 1, 2, AND 3 10 THE FUJ. WITH FORM PM. 3. RETAIN PAGE 5 1 T. PAGES 1 AND 2 SHOULD BE FILED. W DIVISION OF WITH RECORDS, 201 W.		BALTIMOR	E]	LAND IN THE CONTROL OF THE PROPERTY OF THE PRO							F WORK P	PUBLIC SCH		
F ANY E RECORD	13a S	ARYLAND	13b. COUNTY BALI	IMORE	PERESIDENCE BEFORE ADMISSING BALTIM	ORE	13d. INSIDE CITY LIMITS YES NO	数 132	CAR	VER R	OAD	212	22	
BALTIMORE, MD. 85 AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3: PAGES 1 AND 2 SI MINISION OF KITAL	C.	THER'S NAME ARLTON (AS DECEASED EVER		DDDLE	WINSTON	TV NO	MARTH	AIDEN NAME	MIC	ADDRESS		BOLL		
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DIVISION THIS CERTIFING WARDED TO PAGE 3 SHOT TATE DEPAIRS 21201 PRICE	MEDICAL		WHILE D	21e PLACE C STREET, FACT	OF INJURY (AT HOME, FORY, FARM, ETC.)		CATION		CITY OR TOW	и	COUNT		STATE	
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Natural	15/1	cribed above, held on Accident S	Autap	, Hamicide TITLE (SPECIFY	Undere	Inquiry	nner,	DATE SIGNED	5/5	183	
BA TIE A PAGE	23a. BI	DRIAL, CREMATION, PECIFY BURIAL	REMOVAL 23b.		23¢ NAME OF CE			PK ARI	CATION BUTUS	E	BATTC		Md.	
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TSTATE OF MARYLAND

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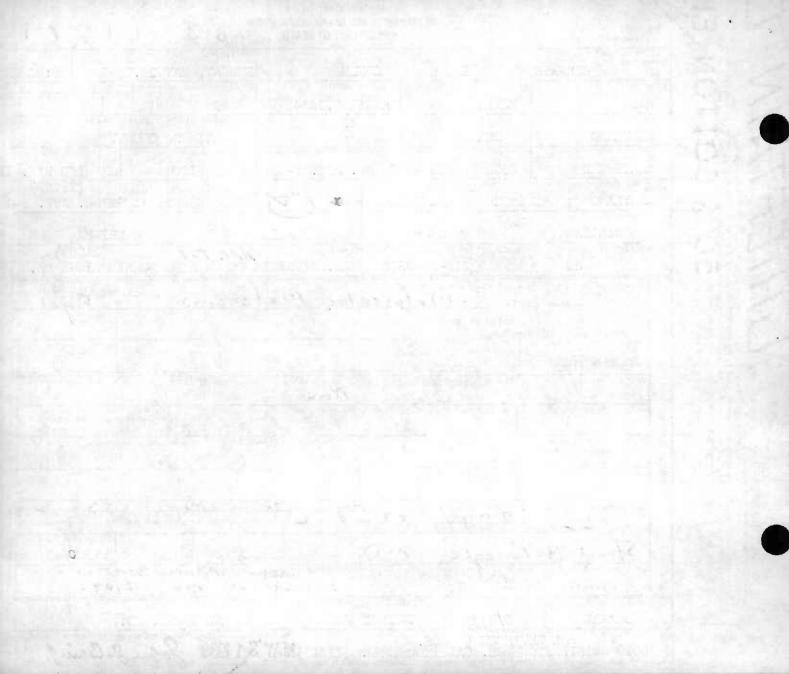
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1	1	John		WIDDLE	Civis	,		Catl	nerine		WIDDE	UN	KNOWN	.51	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURI	TY NO.	17 INFORMAN	T	JH F3	ADDRE	SS			
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7		obove, XIXwe) (alter death.			d that in (ng) (d	our) opinion c	deoth occu	rred on the di	ore ond ho			oted
=		22b. SIGNATURE		(Bow)				DEGREE AT	TENDING 4	MEDICA	AL STA	FF _	ZZ. DATE	SIGNED /	7
-		22d. PHYSICIAN'S N.	AME CLYPE C	P PRINT)			-	PH 22e ADDRESS	YSICIAN	DIRECTO	OR PHYSIC	IAN []	- 1	[[,]	
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	24. FU	UNERAL DIRECTOR			1000	1		York Roa	ad 25a. DAT	E REC'D. B	Y REGISTRAR				-
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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60	Ľ	STATE REGISTRAR			CERTIF	CATE OF DEATH	5	REG. NO		1 9	14
1		CEASED NAME E OR PRINT) HARR		KX COHEN		AST	20. DATE	OF DEATH		1/83	7:30PM
)	3. SE	MALE	4. RACE WHITE		5. DATE O	F BIRTH Y 10°, 1908		74	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
ot once.		RTHPLACE (STATE OR FOR RUSSIA	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	XXXXvever married DI DIVORCED		ORE CITY OF	O CC	OFDEATH	MD.
56		OWS ON		N CHARL	T ADDRESS)	R OTHER INSTITUTION	(TYPE OF W	ALOCCUPATION OF CLER	WORKING LIFE	INDUSTRY	OF BUSINESS OR JIT COURT
and the	13a.:	MARY LAND	BALTO	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES XX NO	4 0	ET ADDRESS CASSAND	RA CT	. #	#21133
30		ATHER'S NAME FIRST DAVID	MIDDLE	COHEN		15. MOTHER'S MAIDEN N FIRST MOLL	IE	WIDDLE		UNKNOWÎ	
medica		WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (#F YES, GIVE WAR OR DATES)	216-09-		4 CASSANDRA		TTA^PEO RANDAL			21133
MPORTANT: If hem 21 is morked or frem 18 shows any injury, or other traumotic event, the medical	CERTIFICATION	Conditions, if ony, a gove rise to imme couse (a), stating underlying couse	O Z Z O DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT (c) O DUE TO, OR AS A CONSEQUENT (c) O DUE TO, OR AS A CONSEQUENT (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE			NOT RELATED TO THE TER	MINAL DISE	ASE OR COND	20b. IF YES	WERE FINDING CAUSES	NGS USED
m 18 sho		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER				NO []
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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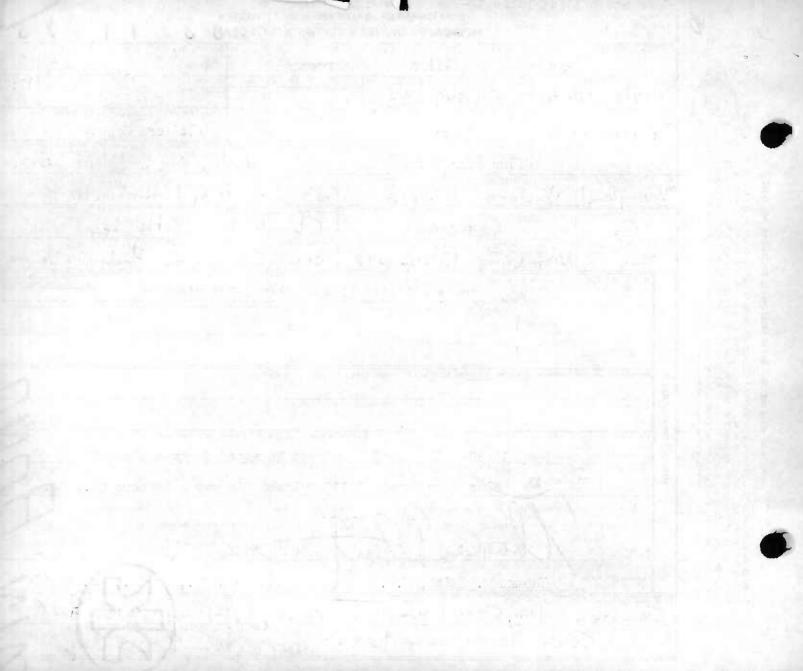
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pe 4 may schor, po s after d	Male	4 RACE	lack	5. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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24 hours	USUAL RESIDENCE (IF NI 130. STATE Maryland	13b COUNTY	13c. CITY OR TOW Balti	N 13d. INSI		13e. STREET ADDRESS		igh Re	d. 21212
and within	(4 FATHER'S NAME FRST Will	WIDDLE	Colema	15. MOTH	Trene			Woodw	ST
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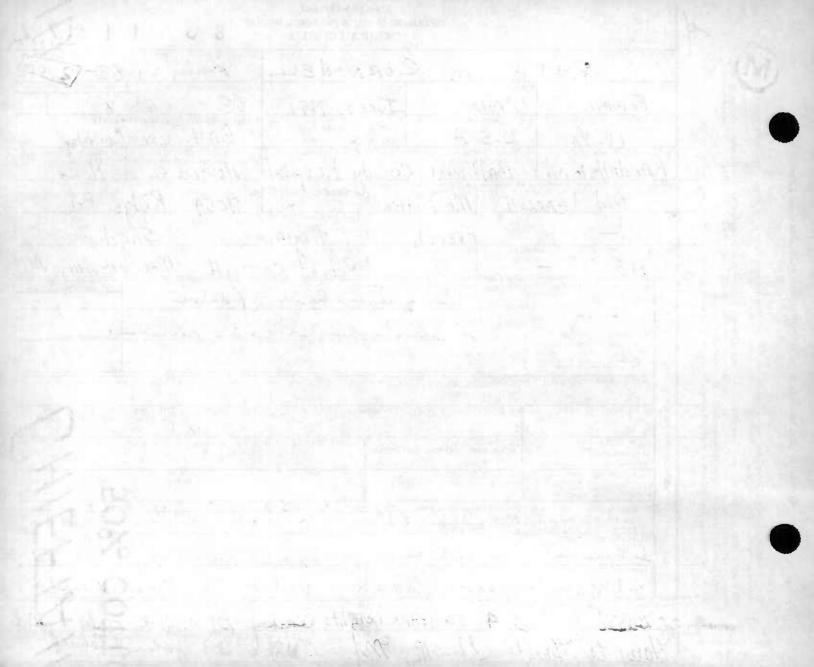
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1. SEX YEAR BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED D DIVORCED [CLTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF HUSINESS OR 120. USUAL OCCUPATION (IF NOW IN SUCH FACILITY, GIVE STREET ANDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SOLLA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 COUNTY 13 CUTY OR TOWN 13e. STREET ADDRESS M. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST MIDDLE ADDRES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 166 SOCIAL SECURITY NO (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line forum), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol Hem 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY ŏ CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on obove, (I) (wd) (did) (did nat) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 226. STOWNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF M-D. PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 2 4 AP BAC OURMO NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE CATION 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	gned n plec burial ry, ar		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1/a
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	of of Mark	23a. I	BURIAL CREMATION REMOVAL	23b. DATE 2.	R. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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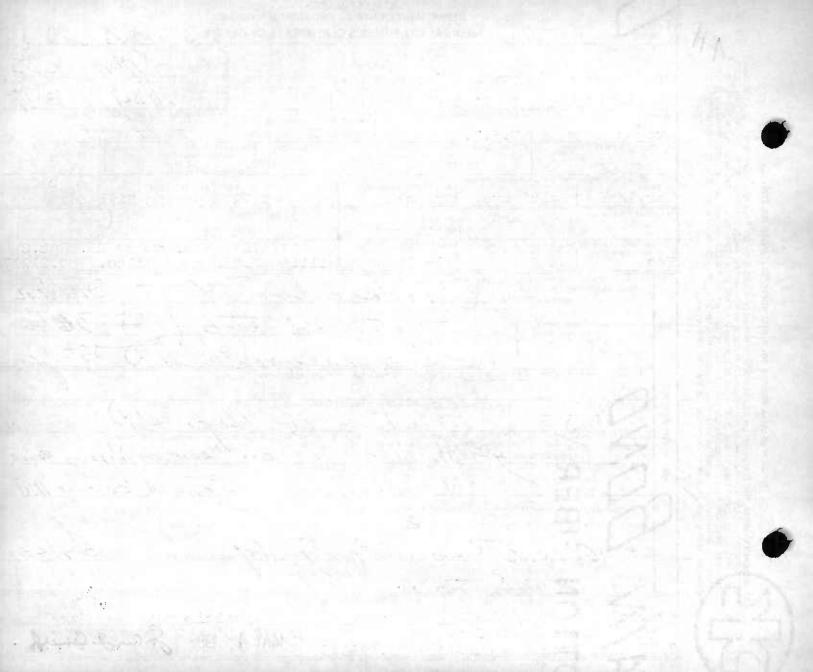
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-LOUISE COUPER E. 4. RACE LSEK 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD Female White 17 1892 90 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY BALTIMORE COUNTY WIDOWED X U.S.A. DIVORCED Oregon IS CITY OR TOWN OF DEATH 126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Housewife TOWSON ST JOSEPH HOSPITAL SUAL RESIDENCE, HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21222 13c. CITY OR TOWN 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Dundalk NO X 7232 German Hill Road T. PAGES 1, AND 2 6 DIVISION OF WIA 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Pettigrew Not Known 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 7234 Montabhery Rd. Apt.C (IF YES, GIVE WAR OR DATES 218-36-8068 William J. Gibson Balto., MD.21227 Yes WW CAUSE OF DEATH (Enter only ane cause per line for (g), (b), and (c). APPROXIMATE PITERVAL ETWEEN OPSET AND DEATH BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, DI MATION, OR REMOVAL. PART | DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the underlying cause last JID BE USED AS A BURIAL MENT OF HEALTH AND MI TO BURIAL, CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1 10 CERTIFICATION 190 DATE OF Q 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? ARITING THE WARRED TO THE CHANGE 3 SHOULD BE UNATE DEPARTMENT COMMENT OF THE CHANGE TO BUSE YES [16. TIME OF INJUR UNDERLYING 0070 CONTRIBUTING CAUSE OF DEAT AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BESTHMORE, MARTI AND, 21201 P 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted from Natural causes Mamicide Undetermined manner DATE CHARLES O'DONNELL, M.D. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 5/5/1983 Oak Lawn Baltimore Marvland BP 24 FUNERAL DIRECTO Duda-Ruck, Inc. DHMH - 17 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5))

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Balto., Md.

(VRA 15, 4)

Anatomy Board

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) GEDRGE COWARD AMEYO 4. RACE 3. SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 76 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET YOUNGSTOWN OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 134. COUNTY 137. CITY OR TOWN 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? MP DUNDACK NO TA 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCE ADDRESS 17 INFORMANT LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. assestos 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE AT WORK NOI WHILE AT WORK 981 220.1 certify the this hospital attended the deceased from 1083 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (did no) view the body ofter death. 226 BIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

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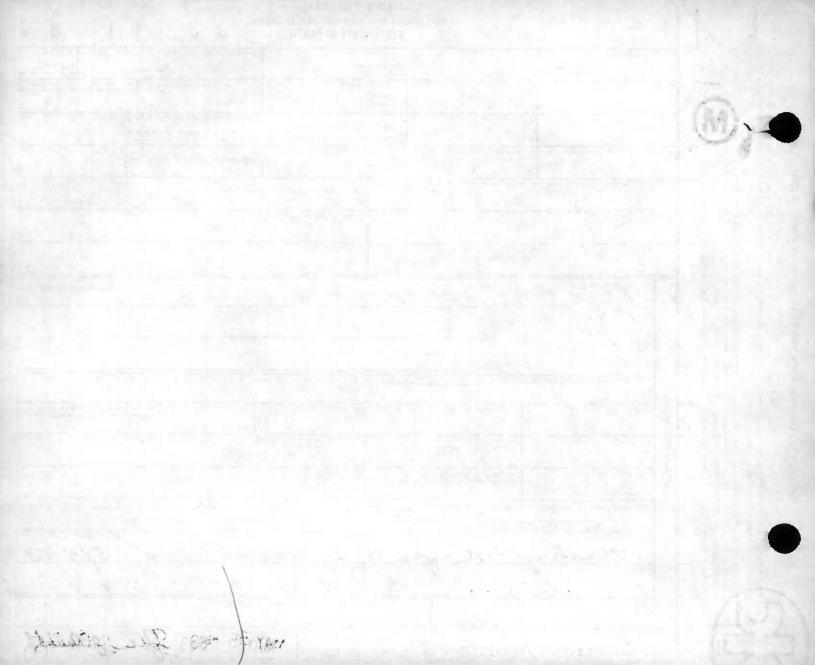
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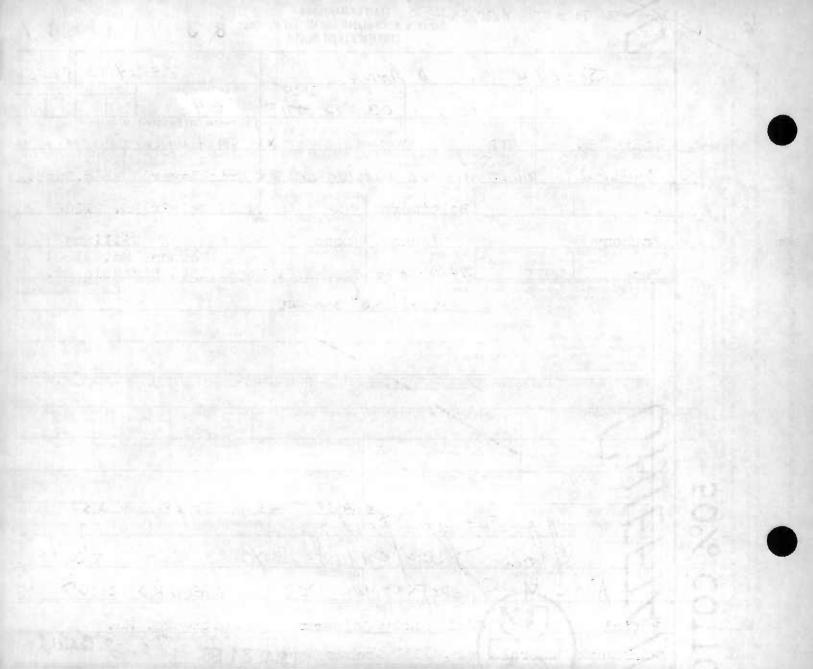
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



P	Y	FOR - STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	3 REG. NO		1 9	8 6	
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35	130.	110	prother institution inty	GIVE RESIDENCE BEFORE 13c CITY OR TOW Catonsv	E ADMISSION)	YES NO X	13e. STREET A	DDRESS	212 LING 1			-
30	FA	THER'S NAME FIRST Jerome	Norris	oliph	ant	15. MOTHER'S MAIDEN NAM		MIDDLE	ot	E 1 1	st Liott	pay
0 /		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	110	ADDRE		DII	.1011	-
/	- '	ves, no or unknown) (15 yes, g	IVE WAR OR DATES)	21916734	0	Dorothy D. Ho	one 60	01 F	oxhall	Farm	Rd. 2122)
or one or other	CERTIFICATION	gave rise to immediate cause (a), stafing the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERMI	20a AUTOP	SY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED S OF DEATH?	
5	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCURR		NO	YES		NO 🗌	-
9	AL	OR CONTRIBUTING CAUSE OF DI	Attn	M. MONTH DA	AY YEAR							
/	MEDICAL	21d INJURY OCCURRED	21e PLACE			211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	-
	1	tow the decreased dive a obove to have in the decreased dive a	I Fe	b 21 1 E		nd that in (my) (aur) apinion d	7 .0	an the da	te and haur		tha <u>t (1) (</u> we) last causes stated	
		THE SCHAPPER ST	XI C	1000	[[].	DEGREE ATTENDING	MEDICAL _	STAF	E	22c. DATE		Ī
1		274 PHYSICIAN'S NAME (1941	1	(17)		22e ADDRESS	DIRECTOR	PHYSIC	IAN []	5/3	31/83	-
	22- 6	DIANA H. GRI)~	11.115.05	St. Agnes Ho						
	230.	Burial CREMATION, REMOVA SPECIFY)	23b. DATE 6/3/8			Park Cemetery		ion ltim	ore	COUNTY	Md STATE	
81		TOY FUND RUSS		1.001160		44 14 1	RECD. BY RE	83 ^{RAR}	John	3.0	my	-

Total representational and thought a 18 to a Loss y n. a Suendit c. item survent lander P. s. 1018 6 1923 July Schmidt

6	12	em #5&6 Film (G580 6/10/	83 rc	STATE OF	MARYLAND	WAIRNE			
6	1.	STATE REGISTRAR		DEPARIM	CERTIFICA	TE OF DEATH	STUDIENE 8	S REG. NO.	1 1 9	8 /
		CEASED NAME FIRST	MIL	DDLE	LAST		20. DATE OF		DAY YEAR	2b. HOUR
page 3	(TYP	JOSE	P.H A.	7)	ANNA			05	24 83	8:05 DM
4 may ar, pag siter de	3. SE	х	4. RACE	HE TO	5. DATE OF BIR	RTH 1919	6. AGE (IN"	PARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
o de	1	_Male	White		03	12 17.	-66		RS.	
4 25 36		COL: ITRY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED -	NEVER MARRIED	1 BALTI	L CITY OR COL	JNTY OF DEATH	
deor		Balto,Md.	USA		WIDOWED	DIVORCED	X RA	Ltimor		
Of the other	1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH I	FACILITY, GIVE STREET	ADDRESS)	THER INSTITUTION	(TYPE OF WOR	OCCUPATION FOR MOST OF WORK	ING LIFE) INDUSTRY	F BUSINESS OR
		TOWSON	MULTI-N	1 EDICAL	NURSI	NG CENT	E Bric	klayer	Bldg.	Buss.
a Canal		AL RESIDENCE (IF NURSING HOME STATE	UNTY	36 CITY OR TOW	N 13d	INSIDE CITY LIMITS				
C A REPORT	Mo		-	Baltimo		S NO 🗌		Belair	Rd. 212	206
1 11 20	ILE.	ATHER'S NAME	MIDDLE	LAST		MOTHER'S MAIDEN	NAME	MIDDLE	LAS:	
P 18 34		Anthony		D'Anı	na I	Rose			William	
dico dico		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	66. SOCIAL SECU	RITY NO. 17.	INFORMANT		Towson	, Md. 21	204
Poo e		Zes WW		214-18-0	674 J	oseph F.	Vogel		innacle	
sicio pers ol.		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause per li			A				MATE INTERVAL
physicate npapsin npaper mayol		- O IAAAAED	SED BY: IATE CAUSE (a)	Glio	blast	come				
ding prba pr re		1919			NCT OF					
attend attend ation, c	10	Canditians, if any, which	DUE 10, OR	AS A CONSEQUE	NCE OF				100	
		gove rise to immediate	(6)							
hat the by the ase rer I, crem other	-	cause (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUE	NCE OF					
7 0 0 0		PART 2. OTHER SIGNIFICAN	(c)	ITRIBUTING TO D	EATH BUT NOT	BELATED TO THE T	EDAAINIAI DICEAC	CONCONDITION	CIVEN IN DARK 1:-	
quires signe hen p to bur ilury, d	Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CON	VIRIBOTING TO D	EATH BUT NOT	RECATED TO THE T	ERMINAL DISEAS	OK CONDITION	GIVEN IN PART TO	,
	CERTIFICATION	190. DATE OF OPERATION	TISK CONDITI	ON FOR WHICH	OPERATION W.	AS PERFORMED	20a. AUTO	PSY? 20b	IF YES, WERE FINDIN	GS LISED
has been permit.	FIC							INC	ERTIFYING CAUSES	OF DEATH?
E 0 + 9 0 1	1 2	210. ACCIDENT WAS UNDERLYING	215 TIME OF	INJURY	214	HOW INJURY OCC	YES	NO	YES	NO 🗆
HYSKCIAN: The anding physicion his certificate buriol-transit I Mental Hygie or Hem 18 sho		OR CONTRIBUTING CAUSE OF	14 months (4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Y YEAR		ORRED (ENIERNA	TORE OF INJURY IN THE	M IS PART OR PART 2)	
SICIA ing pl certifi viriol:ti kentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		E IN LANGUAGE	19	LOCATION				
3 PHY: ortending the but the but the but wed or the but the bu	¥	21d. INJURY OCCURRED WHILE NOT WHILE	THE PLACE OF	T FACTORY OFFICE IN		SHIEL		CITY OR TOWN	COUNTY	STATE
NG offer of the orke		AT WORK			1	10				
ND Se		220.1 certify that (I) (this ho			C 4711	19	5 5 , to	5/24		that (1) (we) last
CTO Ffor of the		sow the deceased alive abave, (I) (we) (did) (aid	on es	the second second second	f gind for	(my) (our) opin	ian deoth accurre	d on the dote and	d have and from the	causes stated
OR A e ho DIRE Oched Dept f ken		22b. SIGNATURE	1	1/2	A A GO	REE / / //	-/-		22r. DA	CONTRACTOR OF THE PARTY OF THE
그는 구름하는		X	Cu.	The	rom	AT ENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	5/2	6/88
		22d. PHYSICIAN'S NAME (19)	Harrison -	/V	1 74	#DDRESS	7		1	1
		ALAN	M St	40 RCFS	KYMO	1708	LUHITE	HEAD R	D 2120	7
5 g 5 g 3 4		BURIAL, CREMATION, REMOV			IAME OF CEME	TERY OR CREMATO	RY 23d. LOCA	TION		3
BP	1	(SPECIFY) Burial	5/26/		oly Red		CITY	timore	. Md.	STATE
		UNERAL DIRECTOR	1 3/20/	02 10	ora vec		DATE REC'D. BY R		GISTRAR'S SIGNAT	URE
DHMH - 16 50M 4/82 (VRA 15, 4)		chimunek Fu	neral Ho	me ADD#\$\$ 3	1 Breh			8: 10	andle	mely.
(VAM 13, 4)		CHILINGHER L'U.	ilciai iio			TILL TICHT	AIUI	100		

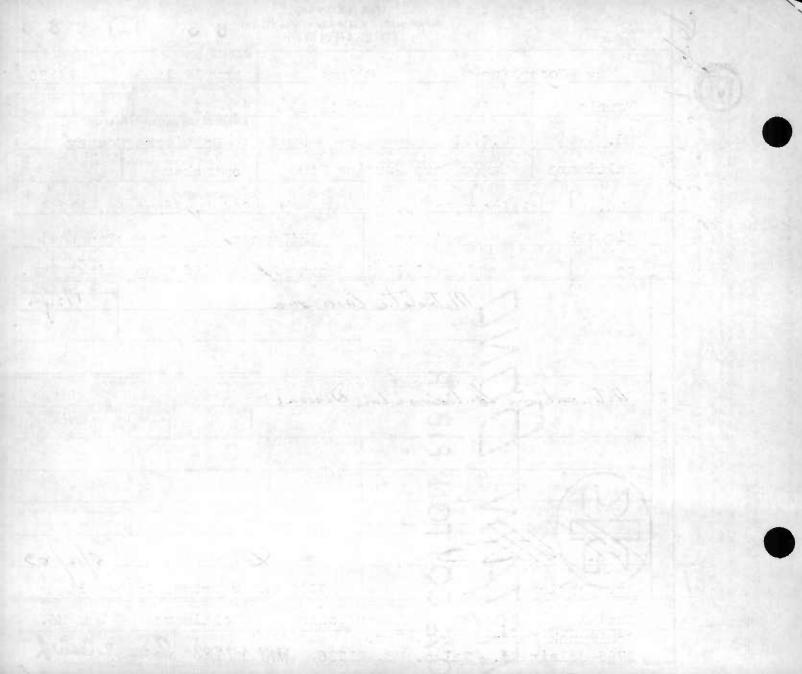


DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR		CERTIFI	CALL OF DE		REG. N	O.		
5	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	L.	AST		20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	Jose	phine		'Anna		May 16			6:30 M
-	J.SēX	1. RACE	5. DATE C		YEAR 6	AGE (IN YEARS LAST BIE		FUNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	Marc	ch 19 1	L900	83	YRS.		A, iii.
4	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MA	RRIED 9	BALTIMORE CITY	R COUNTY	OF DEATH	
4	Md.	U.S.A.	WIDOWE	D DIVO	RCED 🗍			County	V MD.
	Baltimore	11. NAME OF HOSPITAL, (IF NOT INSUCH FACILITY G Manor Ca	re Nurs	ing Hon		20 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAKE	ION OF WORKING LIFE) Y	126. KIND OI INDUSTRY	F BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDEN		13d INSIDE CITY	LIMITS?	3e. STREET ADDRESS		THE	
2		ltimore Ba				204 E. J	орра	Rd. 2	1204
1	14 FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S N	AAIDEN NAME			LAST	
7	Michael	Paci	enza	1.111	ilome			Yannı	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT		ADDRI	ESS	212	204
	no		01-1246	Georg	ge Keh	oe 1566	Glen :	Keith	Blvd.
	18 CAUSE OF DEATH (Enter or	ly one couse per line for to	, jbi, and iciy	1				BETWEENO	MATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (o)	relatic .	Carcino	mon			1	12 ys.
	1971	DUE TO, OR AS A CO	NSEQUENCE OF						0
	Conditions, if ony, which	(b)							
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF						
	underlying cause lost.	(c)						10000	
	PART 2 STHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 1(o	1
4	o arlenoschy	he lader	vacular	Obst					
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	WAS PERFORM	MED	20a AUTOPSY?		WERE FINDIN	
\vdash	21g. ACCIDENT WAS UNDERLYING	The state of himself		100 1100 1100		YES NO	YES		NO 🗆
ì		TH HOUR A.M. MON	TH DAY YEAR	ZIC HOW INJU	RY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 21	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		19	AV. 1001101					
	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY		21f. LOCATION		CITY OR TO	WN	COUNTY	STATE
-1	AT WORK AT WORK								
1	22a I certify that (I) (this hospi					_ , to			hot (I) (we) lost
	sow the deceased alive on obove, (I (we (did) (did no	to view the body ofter deatl			ur) opinion dei	oth occurred on the d	ofe and hour o		
1	1/// //	7/ -		DEGREE	ENDING	MEDICAL STAI	FF	274, DATE	IGNED
	77d. PHYSICIAN'S NAME (TYPE O	0 DD INTI		PHY 22e. ADDRESS	YSICIAN	MEDICAL STAI	IAN	6/1	1/83
					00 0-1	D	C i	41	(
-	Dr. Charles		22 14115 05 05			er Drive	, Sul	te 41.	
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5/19/83	Dulane			Baltimo	re	COUNTY	Md STATE
-	24 FUNER OF ARECTOR 1- T			y valle		REC'D. BY REGISTRAR		A D'C CICALATI	
	24 FUNERS CHIMUnek I			01006	STAV	1 7 1983	T.	2. 6	welk
	9705 Belair	Rd., Balt	o. Md.	21236	LMAI	1 1200	- un	-0	

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event.



STATE

. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

REG. NO 2a DATE OF DEATH

6 AGE (IN YEARS LAST BIR HDAY)

Y	YEAR	26 HOUR
10	183	19 94°
UNE	ER I YEAR	IF UNDER 24 HRS

FEB. 9, 1900 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDX DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

altimore, COUNTY HOUSEWIFE

AT HOME

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS

15 MOTHER'S MAIDEN NAME

PLEET

REBECCA 17 INFORMANT 3601 CLARKS LA.

THEODORED DAVID. BALTO., MD

21215

DUE TO, OR AS A CONSEQUENCE OF

211 LOCATION

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I

The DATE S

CITY OR TOWN

20a AUTOPSY?

COUNTY STATE

DEGREE

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN CLARKS LA.

[19] X. S., and that in (my) (aur) opinion death occurred in the date and hour and from the causes stated

BALTO., MD

23a BURIAL CREMATION, REMOVAL 23b DATE

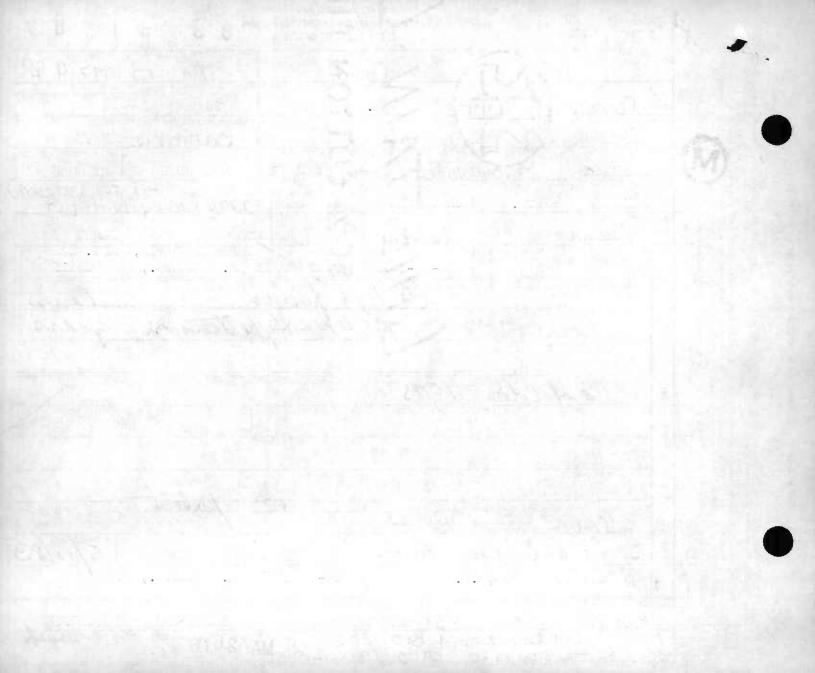
23¢ NAME OF CEMETERY OR CREMATORY BETH TFILOH

23d LOCATION BALTIMORE

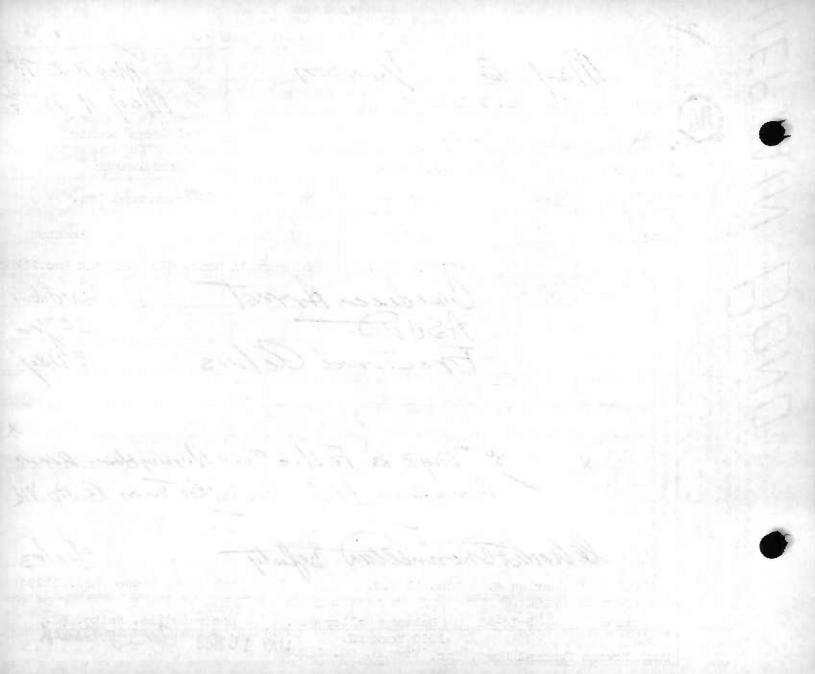
MARYLAND

Levinson and Bros. Inc Reisterstown Rd

BAR 256 REGISTRAR'S SIGNALURES



2	1 - STATE REGISTRAR		M			S CERTIFIC				1	9 9	0
1	I. DECEASED NA	ME M'as	, 12	MIDDLE	5	LAST	AILOI		REG. NO		DAY YEAR	15. HOVE
ET SS SE	AND LOS	11/24	12		1/20	N5077			H MATED	May	1/1083	18 M
品品 AM	3. SEX	FRACE /	MONTH DAY	Y YEAR	LAST BUTHELES	IF UNDER TYR.	HOURS	4 HRS. 2t. DA	TE UNCED MA	MONTH	DAY YEAR	2d. HOUR
\$40 PM	Female	White	Mar. 28		96 YRS.			DE	AD //	ay 1	1 1983	PM
SER SER	As. BIRTHPLACE	(STATE OR	76. CITIZEN OF		RY?	MARRIED NEV			IMORE CITY O			
AZZ SO SA	Leland CITY OR TOWN	LOS DE ATU		S.A.		IDOWED [DIVORCED	-	Baltimor			MD.
ELAY IS TO THE PERSON	Towso	n	Pick	ersgill	Home	R OTHER INSTITUT	ION	FOR MOST OF W	ORKING LIFE) 1-Housek	keeper	OR INDUST	
21201 F AND 3 RETAIN HOUR FECORE	USUAL RESIDENCE 13a. STATE Maryland	E (IF IN NURSING HOME 134 COUN City	VTY	13c. CITY C	EFORE ADMISSION) OR TOWN LIMOTE	138. INSIDE CIT YES XX	TY LIMITS? 1	13e. STREET ADD 4025	Greenmo	ount A	ve. 2/	218
MD H H N N N N N N N N N N N N N N N N N	14. FATHER'S NAM	AE	MIDDLE	E/	AST	15. MOTHER	R'S MAIDEN	NAME	MIDDLE		LAST	
SES A PROPERTY OF THE PROPERTY	Willia			Bee	zley		innie			1	Kingst	on
S AFTER DEA GIVE PAGES GIVE PAGES FITH FORM F PAGES PANN WISION DAN	160. WAS DECEAS	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b SOCI	AL SECURITY NO				ADDRESS			
JRS AFTER B. GIVE PA WITH FOR DIVISION	NO			219-3	30-9367	Pic	kersgi	ill Home	, 615	Chestn	ut Ave	.21204
. ≅ ≥ □	18 CAUSE	OF DEATH (Enter or DEATH WAS CAUSE	nly ane cause per li	ne/o/(a), (b),	and (c)	1		1	LIFIE	911	PPROXIMAT	SINTERVAL TAND DEATH
RESTON ST., HIN 24 HOUF I IN ITEM 18, R ALCNG W SSI PERMIT, I HYGIENE, D	- 98	380 IMMEDIA		jai	de	- Ay	res	5/			SUG	
PRESTON ITHIN 24 H CIL IN ITEA NER ALON ANSIT PER AL HYGIEN	Condition		DUE TO, C	OR ASTA CONS	EQUENCE OF						5+7	1.
O FURZZZ	gove	ions, if any, which rise to immediate	(b)	10	Uh)					0-1	10
AL RECORDS, 201 W. I. WUD BE EXECUTED WI. "PENDING" IN PENC. FE MEDICAL EXAMIN FED AB URBAL - TR. FED AB URBAL - TR. AL, CREMATION, OR I.		a) stating the <u>under</u>	DUE TO, G	AS A CONS	EOUENCE OF	red (8	1115			30.	20%
XEC A ZEC A	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	TH BUT NOT RELATE	O TO THE TERMINAL	OISEASE OR CONDITION	GIVEN IN PART	1 (a).		_	,	/
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD." PENDING" RDED TO THE CHIEF MEDICAL RES 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH ANI OI PRIOR TO BURIAL, CREMATII											1	
FALRE HOULD NO. PEI NO. PEI NO	19a. DATE C	F OPERATION	19b. CONE	DITION FOR W	HICH OPERATION	ON WAS PERFORM	MED?				20 AUTOPSY	?
DIVISION OF VITAL IIS CERTIFICATE SHOU WRITING THE WORD." WEITING THE WORD." GE 3 SHOULD BE USE (IF DEPARTMENT OF 1) 201 PRIOR TO BURIAL	19a. DATE C										YES	NO
O SEE SEE	21a. EXTERM	NAL CAUSE WAS	216 TIME O	OF INJURY	DAY YEAR	TE HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2		
S SHOOTS	S CONTRIBU	IG OR CAUSE OF	DEATH 8 P.	M. M24	81983	12/11	in O	WN N	vysing	Home	e Roc	ממו
VISI SEP 3 St	W Lucius	OCCURRED	21e PLACE	E OF INJURY	(AT HOME. 2	If LOCATION	01	TY 08	dun _	COUNT	V	A STATE
PINS C WRITT WARDI WARDI WARDI WARDI WARDI WARDI	AT WORK	O NOT WHILE	1/1/1	Simpl	lome	615	he:	strut A	u lars	m /8	Butter	mi
ATE, TORY ORV	22a. I cei	rtify that I took char	ge at the remains d	lescribed abov	e, held on	Autapsy .	Inspection	Inquir	y , and	d in my opinie	on	
AMINE RIFICA BE CE FINTH THE	death resu	ited from Note	rol couses	Accident	Suicide	, Hamicie	de .	Undetermined	monner .		0	
EXAMI EERTIFI WITH WARNA		1/1	200	1	6	TIPLEISE	EGIPN .				1	1
A HALLAND	ACTUAL SIGNATUR	cena	ust Or	Nones	ella	who De	luty	MEDICAL EXA	AMINER	DATE SIGNED_	1/3/	83.
PEA SING	EYAMINED'	S N AAAF -	311	1		-0	7501	Wassle D.	- a m		W = 21	204
O MEDICAL EXAMPLE CERTIFICATION OF A SHOULD BY CHANERAL DIRECTOR OF THE CERTIFICATION OF A SHOWN OF	EXAMINER' (TYPE OR PI		les F. O			ADDRESS		York Ro		wson,	Md. 21	204
PAG PAG —	23a. BURIAL, CREM (SPECIFY)	ATION, REMOVAL		400		RY OR CREMATO		23d. LOCATION		COUNTY	_ S'	TATE
BP	Buria	1	5-16-83			alley Mem	1.	Cocke	ysville	, Balt	o. Md.	
DHMH - 17	24. FUNERAL DIRI		ADDRE	105	0 York	Rd. 2	MANY	1°6°1983	RAR REGIS	STRAR'S SIC	* Well	
(VR A15 ME (5)) 15M 2/80	Ruck Tow	vson Fune	cal Home,	Inc.	Towson,	Md. 2120) Willy I	1 0 1000	0			



William E. Johnson8521 Loch Raven Blvd. MAY

FOR

- STATE

DHMH - 16 50M 4/R2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		EASED NAME FIRS	EDWIN	w.	DEG	ENER	AST	20	DATE OF DEATH	MONTH	DAY YEAR 12 83	26 HOUR 2 PM		
offer pog	SEX	MALE	4 RAC		HITE	5. DATE O			AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR		M HRS	
CIANO	M	THPLACE (STATE OR FOREIGN Aryland		J.S.A	WHAT COUNT	RY? 8. MARRIEI WIDOWE	NEVER MARRI	IED 🗀	BALTIMORE COUNTY					
116	TOI	Y OR TOWN OF DEATH	GREATER BALTO MEDICAL CENTER STATISHARY EN								126. KIND OF BUSINESS OR			
The state of the s	Ma	residence (if nursing ho ate ryland 136. (Baltir	nore	GIVE RESIDENCE BE		13d. INSIDE CITY LIV		STREET ADDRESS	euter	Road	21093	3	
oud 2		HER'S NAME FIRST Martin	MIDDLE	L)egener		15. MOTHER'S MAIL FIRST Julia		WIDDLE		marty	AST	-	
s. Poges 1	{YE	AS DECEASED EVER IN U. S, NO OR UNKNOWN) (IF Y	S. ARMED FO ES, GIVE WAR OF		166 SOCIALS 215-10		Mrs. The	lma G.	Degener		Reuter	Road2	2109	
Then please remave carbon paper to burial, cremation, or remaval. injury, or other traumatic event, the		R CAUSE OF DEATH (Ent. PART I. DEATH WAS C. I.	ch te	SE (a) JE TO, OF (b)	CARC R AS A CONSE R AS A CONSE	QUENCE OF	F THE LUN	NG			_	MONT H	_	
it. Then ple ior to burion by injury, or			NARY A	RTER	Y DISEA	SE								
o s o i	N III	90 DATE OF OPERATION		٥.,		ICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	S, WERE FIND IFYING CAUSI ES	ES OF DEATH	H?]	
		(10. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH H	D. TIME OI OUR A./ P./	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM TB	PART 1 OR PART 2			
marked or Item		WHILE NOT WHILE AT WORK] (A1	HOME, STR	OF INJURY EET, FACTORY, OFFI		21f. LOCATION STREET		CITY OR TO)WN	COUNTY	\$1	ATE	
2 P C		220.1 certify that (1) (this saw the deceased alivabave, (1) (we) (bid) d	hospital) atte ve an 5 lid nat) view t	7127	deceased fro	m 5/ 9 83 , or	d that in my)(our)	opinion deal	ta 5/12 th occurred on the d	2 ote and ha		, that (1) (w		
d be detached for he State Dept. of he State Dep		22b. SIGNATORE	Tin V	noe	pan	ars		IDINGXXXX	AEDICAL STA	FF CIAN [TE SIGNED - 12-8:	3	
A Poor		MARTIN M	AGRAM	M.D			<u> </u>		OSLER DI E MARYLANI	RIVE 21:	#113 204			
23	(5	PECIFY) Burial		DATE -16-1			EMETERY OR CREMA	ATORY	23d LOCATION Baltimo	re	COUNTY	arylan	nd	
16 50M 4/82		VERAL DIRECTOR NAME R Towson Fur	neral 1	Home		1050 Yo Towson,	rk Road	MARY	1 6 1983	25h 10GIS	TRAR'S SIGN	Calrie	L	

CHEST CONTRACTOR CONTR				
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Figure 1 realizes principles			n= _ ±	
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item 17 #G579 5/11/83 ph

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A	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 S REG. N	10.	1 9	9 6	>
	TYPE	EASED NAME JOET	MIDDLE.	DICKERSON	May 2, 19	83 2	YEAR - 8-3	3: 15pm	n _M
A)	3. SEX	male	white	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	YRS.	UNDER 1 YEAR	HOURS MI	15 N.
33	IF	THPLACE (STATE OR FOREIGN QUINTRY).	75. CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of				MD
		ddle River	11. NAME OF HOSPITAL, NURSI (LENOT IN SUCH FACILITY, GIVE STREE Iranklin gua	ire Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KINDO INDUSTRY	F BUSINESS C	OR
35	130. S	TATE . 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV Limore Middle	READMISSION) 13d. INSIDE CITY LIMITS? REVER YES NO	130. STREET ADDRESS	ce Road	2120	6	
1830	5	imon Peter Dic		Mary Jane 1	Hylton		LAS1		
medico		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 227-07		ckerson 54	33 Force		21206	
emaval.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for (a), (b), or ED BY: Cardiore TE CAUSE (a)	spiratory Failure			BETWEEN C	MATE INTERVAL ONSET AND DEAT	н
ial, crematian, or or ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	ಟ್ರ್ Lungs ಟ್ಟ್	ease				
and prior to burn	CERTIFICATION	PART 2. OTHER SIGNIFICANT (- National States	DEATH BUT NOT RELATED TO THE TER/	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	IGS USED	
d or frem 18 sha	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHER MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR 19 216. HOW INJURY OCCUP					
alth and M		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceased from,	FARM, ETC.) STREET	city or to	L. Wal	COUNTY 83	STATE	
bept. of Healthem 21 is r		sow the deceased alive or above, blue) (did) (and 22b. SIGNATURE	May 2 19	83 , and that in the (our) opinion					OST
State C		AR WY 228. PHYSICIAN'S NAME (TYPE	OR PRINT)	ATTENDING PHYSICIAN	MEDICAL STA	IR RO		2/83	
with the State	23a B	BA YIN URIAL, CREMATION, REMOVAL	UUN G 1236. DATE 236.	MACTO NAME OF CEMETERY OR CREMATORY	1236 LOCATION	212	36		
7.7	(burial	. / . / .	Tairview (emetery	Buchanon		COUNTY	Vinoi	ni
M 4/82		NERAL DIRECTOR	Hama 1339 ADDRESS	250 DA	TE REC'D. BY REGISTRAR	25b P ISTRA	R'S SIGNAT	sheel	•

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Element of the second s September 1981 and 1981 and 1981 NO. Set & YAM July & Chief

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		DEPARTA	CERTIFICATE	AND MENTAL HYG OF DEATH	00	EG. NO.	1 9	98
(TYPE OR PRINT)	ane	M.	Dockman	n	20. DATE OF DE.		983	2b. HOUR 9/5 M
J. SEX Female	4. RACE White		5. DATE OF BIRTH Dec. 21,	1923 YEAR	6. AGE (IN YEARS	LAST BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOR POR POR POR POR POR POR POR POR POR P	Th. CITIZEN OF	WHAT COUNTRY?	MARRIED N	EVER MARRIED DIVORCED		iny <u>or</u> county imore Cou		MD.
Towson	Great		nore Medi	RINSTITUTION Cal Center	120. USUAL OCC (TYPE OF WORK FOR Homema	MOST OF WORKING LI		F BUSINESS OR
Maryland	Baltimore	1. GIVE RESIDENCE BEFORE 130. CITY OR TOW TOWSON	N 13d. INS YES [RESS mpshire	Woods C	t. 21204
14. FATHER'S NAME FIRST Samuel	MIDDLE M.	Davenpor	t, Sr.	THER'S MAIDEN NA/ FIRST Margaret	MI	DDLE	Hay	7
160. WAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	205-18-		hn K. Doc		^{ADDRESS} Hampshir	e Woods	Ct.2120
	the DUE TO, C	OR AS A CONSEQUE		LATED TO THE TERM	INAL DISEASE OF	CONDITION GIV	'EN IN PART 110	2
190 DATE OF OPERATION	IPb. CONE	ITION FOR WHICH	OPERATION WAS	PERFORMED	YES NO	IN CERTIF	WERE FINDING CAUSES	
210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	SE OF DEATH HOUR A	.M. MONTH DA	AY YEAR	OW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18. F	PART 1 OR PART 2)	
21d INJURY OCCURRED	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		CATION STREET	CII	Y OR TOWN	COUNTY	STATE
saw the deceased above, (i) [we) (did	alive on	124/83 19		(my) (aur) apinian (death accurred on	the date and hou		that (I) (we) last causes stated
224. SIGNATURE 22d. PHYSICIAN'S NAM	more In	w	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR 1	STAFF PHYSICIAN []	5/2	51GNID 0/83
	• Otenasek,		D. 6	E. Eager			e, Mary	land
230. BURIAL, CREMATION, RE (SPECIFY) Cremation	MOVAL 236. DATE 5-21-		NAME OF CEMETER Stview C		23d LOCATIO	OWN	COUNTY Mar	yland

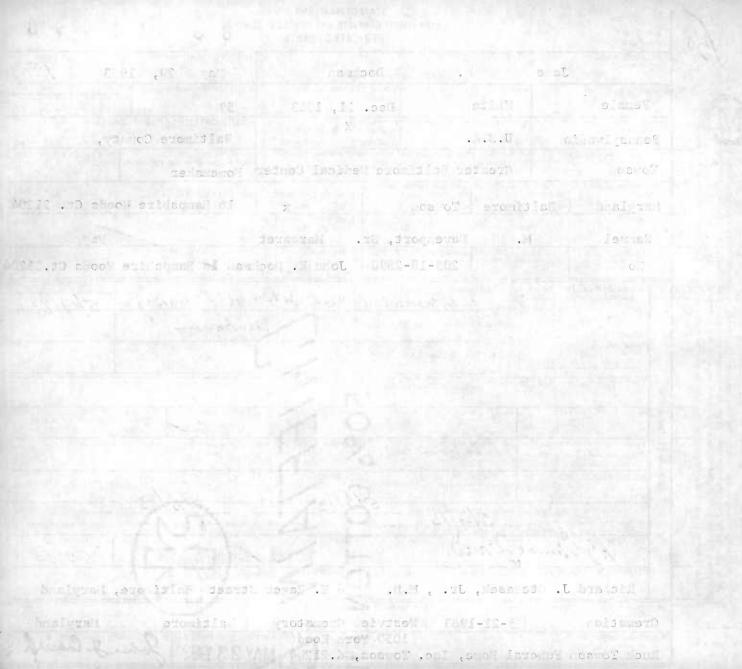
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1050 York Road 250 DATE REC'D. BY REGISTRAR 256 TO STRAKE SAN THE TOWSON, Md. 21204 MAY 23 1983



ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

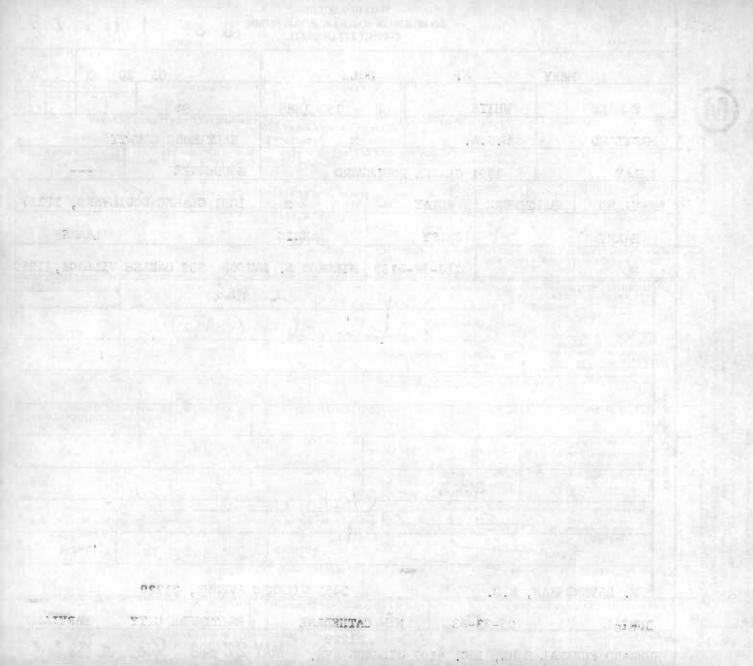
CERTIFICATE OF DEATH

21229

REG. NO

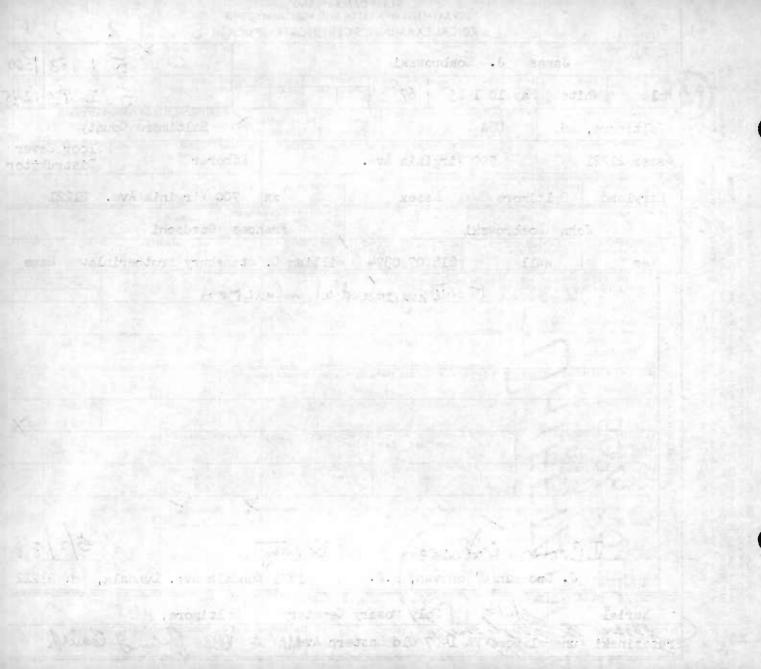
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE



61	ST/						H AND MENTAL H CERTIFICATE C		3 050	, NO 2	0	0 0
	TYPE OF	ASED NAME	James James		bmbrowski		LAST	2a. C	OF ESTI-	нтиом И		7EAR 26. H
THE RESERVE	Mol.		White	5. DATE OF BIRTH	15 6. AGE (1	N YEARS IF UI	NDER 1 YR. IF UNDER		DATE NOUNCED DEAD	MONTH 5		YEAR 2d. F
3	FOREIG		re, Md.	76. CITIZEN OF WH	USA ** MARRIED NEVER MARRIED ** BALTIMORE CITY OR COUNT ** WIDOWED DIVORCED Baltimore Count							Н
E	SS	ex 212	221		Virginia	Ave.	HER INSTITUTION	La DO	OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	Dist	ous har
130.	Ma:	rylanc	136 COUN	or other institution, givi hty timore	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO XX	13e. STREET /	DDRESS Virgin	ia Ave	. 212	221
1		FIRST		Dombrowski	LAST				Bazdoch		LAST	
160	YES, N	O, OR UNKNOV	W	MED FORCES? WAR OR DATES) WILL Ily ane cause per Ne f	218 07 C	374	William C.	Stans	adds oury Br		nlaw	Same
a Series		410 Canditions gove rise	s, if any, which to immediate stating the <u>under-</u>	TE CAUSE (a) DUE TO, OR A	AS A CONSEQUENCE		dial infa	nctri-	n		BEIWEEN	ONSET AND D
ATION	PA		NIFICANT CONDITIONS		ON FOR WHICH O	The state of	E OR CONDITION GIVEN IN PAI	RT 1 (a).			1	
CERTIFICATION	214	FYTERNAL	. CAUSE WAS	21b. TIME OF							20. AUTO	
MEDICALC		DERLYING	OR G CAUSE OF I	HOUR A.M. DEATH P.M. 21e. PLACE OF	MONTH DAY YI	EAR 21f. LO	OW INJURY OCCURRE	D (ENTER NATUR	OF INJURY IN ITE/	A 18 PART 1 OR PAI	RT 2)	
W	d AC	22a. I certify eath resulted TUAL ENATURE	J. C.	ge of the remains description of causes A,	Accident ,	n Autap Suicide	sy Inspection Homicide DE (SPECIE)	n , In	quiry , ed manner [and in my ap , DATE SIGNE	5/	2/8
23a	1/11	FLOKFKIN	ON REMOVAL 2	ossan O'D	23c. NAME OF	CEMETERY O	R CREMATORY	Dundal I	ON			
K	FUN	urial Zinsk	ri Funera	5/4/83		osary	Cemetery 1250, DATE R	Balt REC'D. BY REG	imore,			STATE

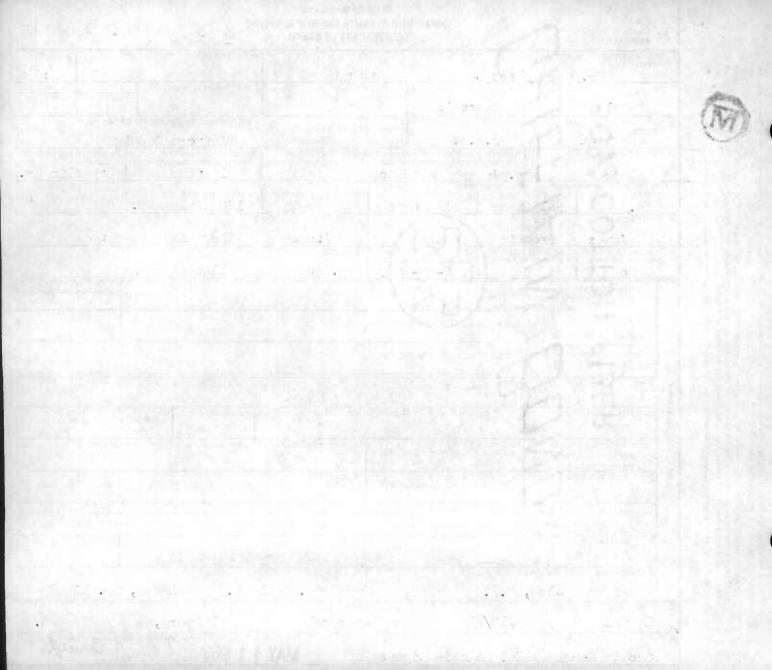
STATE OF MAKTLAND



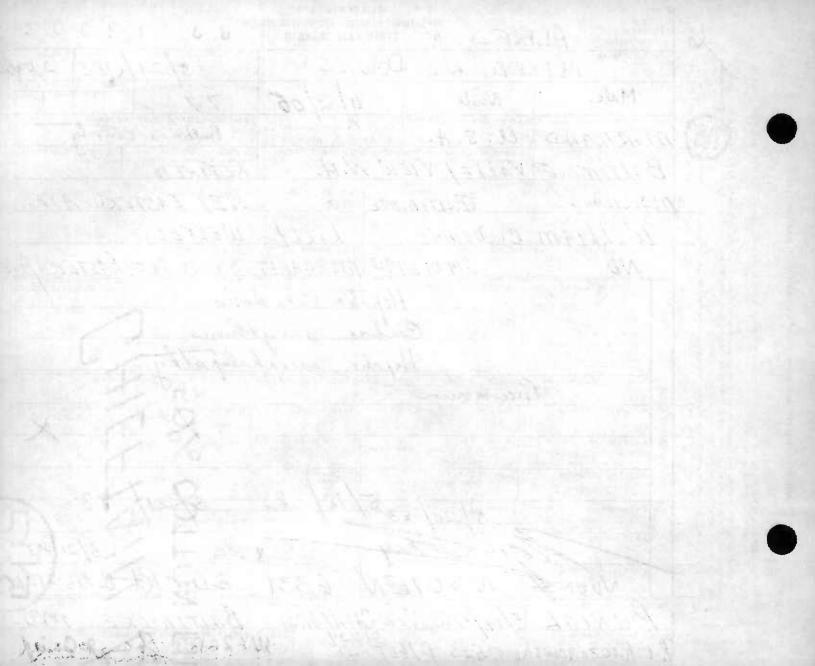
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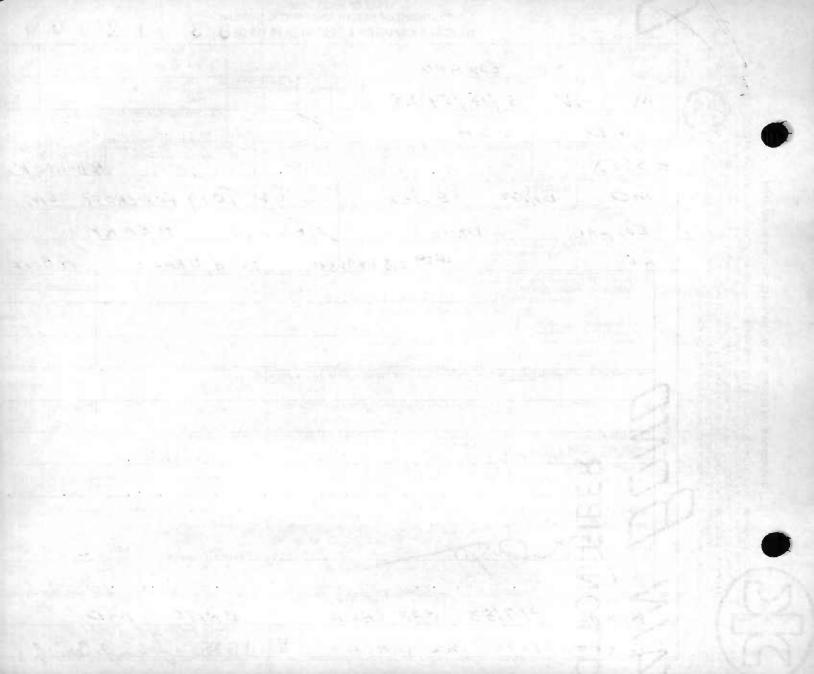
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	1 -	STATE REGISTRAR			DEPAKI		ICATE OF DEATH	HTGIEN	8 3	10.	2	Ų	UI
		CEASED NAME	FIRST	1	MIDDLE	L	AST	20.	DATE OF DEATH	HINOM	DAY	YEAR	2b. HOUR
1	(,,,,,	Sr.	Mary	Clare		Do	ohue		1	05	09	83	21.35 M
	3. SE	(4. RACE		5 DATE		6. /	AGE IN YEARS LAST BE	RTHDAY)		DER I YEAR	IF UNDER 24 HRS
		Female		Car	casian	MONTH	06 DAY 89	1	8	8 YR	MONTHS	S DAYS	HOURS MIN
,		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D viewen wannier (9. 6	BALTIMORE CITY			EATH	
15		Maryland		U.S	.A.	WIDOWE	D NEVER MARRIED (Baltimor	e Co	vfnu		MD.
	10. CI	TY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION		USUAL OCCUPAT	ION	126		F BUSINESS OR
58		Halethorn			H FACILITY, GIVE STREE Seph Resi			{17	Reliaiou			Dustry Catho	olic Sr.
	USU	AL RESIDENCE (IF NUR	ISING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	RE ADMISSION)		-				oa mr	7220 171
35	130. 5	Md.	13b. COUR	trimore	Haletho		13d. INSIDE CITY LIMITS		STREET ADDRESS	e Av	Θ.		01227
	14. FA	THER'S NAME	Dar	THOLE	nareon	orbe	15. MOTHER'S MAIDEN		TIOO Mana	C DLV	C •		2100/
2		FIRST		WIDDLE	LAST		FIRST		MIDDLE		73-	LAST	
10	17 18 17	James VAS DECEASED EVER		ancis	Donohue		Laura 17 INFORMANT		Virgini		17,	yan	
1		ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	4 00		I/. INFORMANT				1, 1		
		No	1		250-88-	-3403	Sr. Joan M	lari	e 4100 M	aple	Ave		
		18. CAUSE OF DEA	TH (Enter or	ly ane couse per	line for (a), (b), a	nd (c)	0 0	1				APPROXIA BETWEEN O	MATE INTERVAL DISET AND DEATH
		PART I. DEATH V		E CAUSE (o)	mesly	rel	temorp	ha	se_				
		5181		DUE TO O	R AS A CONSEQU	IENCE OF			0				
		Canditions, if ony	, which	(b)_	N AS A COMBLAC	JE110E 01							
		gove rise to im cause (a), stati	mediate			IENICE OF							
		underlying cous		DUE 10, OI	R AS A CONSEQU	JENCE OF							
		PART 2 OTHER SIG	NIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ED AAINI A	L DISEASE OF CON	DITION	GIVEN IN	PART 1/o	
	CERTIFICATION	2:0112:00	CER	EBBA	L AR-	TERL	SCLEROSI	15	E DISEASE OR COT		SIVEIV IIV	AKI 110	
0	CAT	190. DATE OF OPERA	NOITA	196. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?		YES, WER		
9	IF								YES IN NOT	IN CEN	YES	CAUSES	OF DEATH?
2	E	210. ACCIDENT WAS UN	DERLYING				21c. HOW INJURY OCC	URRED	(ENTER NATURE OF INJU	RY IN ITEM	18, PART 1 OI	R PART 2)	
7		OR CONTRIBUTING		VIII	M. MONTH D	DAY YEAR							
	MEDICAL	21d. INJURY OCCUR		21e. PLACE		17	21f. LOCATION	-				4 73	
31	ME	WHILE NOT W	VHILE		EET, FACTORY, OFFICE,	, FARM, ETC.)	STREET		CITY OR TO	WN	CO	YTMU	STATE
				4-1\ - 44 4-4 45-			1/ 01	77	. 2	71	10	87	1.650 N
	M	220.1 certify that (I saw the decease			31 - 19	83 0	d that in (my) (aur) opini	ion deat	h occurred on the	late and l	19		that ((1) (we) last
		obove (I) (we) (did) (did no	view the body	ofter death.				TO OCCUPIED OF THE C	iale ona i			
	80	226. SIGNATURE	KIT.	0 0		100	DEGREE ATTENDING	G N	NEDICAL STA	FF] 2	2c. DATE S	SIGNED
	153	L.		Mr.		Y	PHYSICIAN	1 D	RECTOR PHYSI	CIAN			
1		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e. ADDRESS						
		Aiden	Wals	h, M.D.			333 St. Pa	aul	St. Balt	imor	e, M	d. 2]	L202
	230 B	URIAL, CREMATION	, REMOVAL			NAME OF C	EMETERY OR CREMATOR	RY	23d. LOCATION		COUNT	v	STATE
1.7	(:	Burial		5/12/8	33	New C	athedral	100	Baltimo	re,	COUNT		Md.
-	24 FL	INERAL DIRECTOR			ADDRESS		25o. D	DATE RE	C'D. BY REGISTRAF	25). REG	ISTRAR'S	SIGNATI	JRE 1
4		George Go	nce	4001 R		ighway	MA	Y 1	1 1983	10 a	and.	, wh	my
				,			19911	-					



X						STATE	OF MARYLAND	D						1
16		FOR STATE REGISTRAR	AL	RED	N	CERTIFI	CATE OF DEA	ATH '	8	S REG. NO.	-1	20	0	2
		EASED NAME OR PRINT)	ALPA		N 4		INS		a. DATÉ OF	DEATH NO	21/	1983	26 HOUR	OUL
s other o	SEX	Mile		4 RACE Wh	ile	5. DATE O	FBIRTIA 4/ DAY	06	AGE (IN Y	EARS LAST BIRTHDA		F UNDER I YEAR	HOURS	4 HRS
M		THPLACE (STATE DUNTRY)	FOR FOREIGN	7b. CITIZEN OF	S. A.	? 8 MARRIED WIDOWEI			BALTIMO	all my		OF DEATH		MD.
iled the	e.ci	ALTIN	DEATH	NAME OF H	HOSPITAL, NURS	TADDRESS	V.H.			CCUPATION FOR MOST OF WO		126 KINDIG	BUSINES	SSOR
filled in	130. S	L RESIDENCE (IF	NURSING HOURS		BALTI		13d. INSIDE CITY YES M		STREET,	ADDRESS A	576	EN !	AVE	4
and 2 straine	4 FA	HER'S NAME	iAM	MIDDLE D	OUNS		15. MOTHER'S M	AAIDEN NAME	WE	IFEL		1AS		
Poges Poges		AS DECEASED E		MED FORCES? E WAR OR DATES)	214 01 J	794	MARG	ARET	Dou	ADDRESS JNS 2	639	EAST	ERN	Au
physicio o adpers moval vent, th		PART L DEAT	EATH (Enter on H WAS CAUSE)	D BY	line for issuibs, a	Hena	tie C	irch	osis				MATE PATERY MORT AND D	ALAIH.
tending re corbo on, or re umatic e		Conditions, if			AS A CONSEQ	HENCEROS			Lan.			1		
to emore crematic		gove rise to couse (a), a underlying c	immediate rating the	DUE TO, 04	AS A CONSEQ	lepce or t	i 211	real	alen	alk	-			
hen pleo to buriol njury, or	NO	PART 2. OTHER	SIGNIFICANT	portions co	INTRIBUTING TO	DEATH BUT	NOT RELATED TO	THETERMIN	AL DISEASE	OR CONT	ON GIVE	N IN PART TH	the second	
Z on b	CERTIFICATION	% DATE OF OP	ERATION	The second second	Control of the Contro	H OPERATION	WAS PERFORM	NED	20s AUTO			WERE FINDIN		9
de la	AL CER		CAUSE OF DEA	Mark The Control of t	M MONTH	DAY YEAR	31r. HOW INJUS	RY OCCURRED	Tantas scar	THE OF HISORY IN	HEN SE PA	ET TORFART 2)		
ond Me	MEDIC	THE INJURY OC		21e PLACE C			711 LOCATION	p.o.	1	CITY DR. JOWN	1	COUNTY	574	ATE
TOR: Aft		72e.1 certify the	et (1) (this bospit	ral) attended the	the state of the s	83 1	d that in (my) (ou	or) opinion de	to	S 2	H 1		hat (I) (w	CO. HELDAN
to DiREC		726 SIGNATURE		dini	1	14	EGREE ATTE	ENDING M	MEDICAL	STAFF PHYSICIAN	vII.	22c. DATE	SIGNED 21/8	3
PUNER Nid be d h the Sto	1	274 PHYSICIAN	STATE THE	N	(GU)7	BN	THE ADDRESS	331	Be	lais	Rol	Bult	0 21.	20
2413	23a B	JPAL, CREMATI	ON, REMOVAL	23h. DATE 5/24/	1983 A	NAME OF CE	METERY OR CRE	EMATORY PA I	23d. LOCA	TION OR TOWN	100	COUNTY	m	Ď.
	D FU	NERAL DIRECTO	OR PAULS	L 20	2 C ADDRESS	15.67	224	250. DATE	Y 24	EGISTRARIZSE 1983	RESISTR		Cahie	d





FUNERAL HOME/GLEN BURNIE, MD.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2b. HOUR DECEASED NAME 2a. DATE OF DEATH MONTH TYPE OR PRINTI MARY DROCELLA 183 ELIZABETH IF LINDER 24 HPS 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12g. USUAL OCCUPATION 12h KIND OF BUSINESS OR HOUSEWIFE HOME 791 Rosewood Rd. (21144) MIDDLE Dorn 17 INFORMANT-daughter- ADDRESS SAME Mrs. Rose Mary Bell APPROXIMATE INTERVAL METASTATIC CARACINOSARCOMA OF ENDOMETR I UM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20e AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN GBMC-6701 N. CHARLES ST. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b DATE COUNTY Cedar Hill Cemeter 83 | Buria: Brooklyn Pk.. 24 FUNERAL DIRECTOR

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

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31:31 St 11 5	out the spirit		
			33/48% JA
of Real Residuals.			
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ortical in Somewhere 2007		120, 204	
A TOTAL CONTRACTOR OF THE PARTY	dering V	2 - 1	anticus.
		5 N-1	
Share e. A.A.			
		d. H. Tadride H. H. C	
VIOLENS TO LEGISLA	AM	The said of the said	

					STAT	TE OF MARYLAND					
		1 -	FOR STATE REGISTRAR			HEALTH AND MENTA FICATE OF DEATH	14	S REG. NO.	1 2	0 0	3
m -F			CEASED NAME FIRST	WIDDLE		LAST	2a. DATE C	FDEATH MONTH	DAY YE	10.1100	UR
oy be oge 3 deoth			Geor			nbar, Jr.		5	31 8:		М
4 moy		3. SE		4. RACE	5. DATE		AR.	YEARS LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER	R 24 HRS
e o o o o	1	Ma	RTHPLACE (STATE OR FOREIGN	White	OUNTERVS 8	6 19		77 YR		u .	
	271	12.	OUNTRY)	76. CITIZEN OF WHAT C	MARRI	ED X NEVER MARRIE	DU	_			
deo	5/		otland TY OR TOWN OF DEATH	U.S.A.	WIDOW			COCCUPATION		ND OF BUSIN	MD
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led old b	5	13a. S	STATE 13b. CC	ltimore Du	yortown indalk	13d. INSIDE CITY LIM	13e. STREE	New Ba	++10	Grove	Rd
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ond 2	X QUE	5	George	G. Dur	bar	Helen	Hill	Maxw	ell	Goudi	e
0 -	0	16a. \	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT		NewREBat			
Poges	iped /	No	(IF YES	GIVE WAR OR DATES) 213	3-07-4136	Anna E.			to., 1		
icior sers.	the		18 CAUSE OF DEATH (Ente	r only ane cause per line far						PROXIMATE INTE	
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ing rboor	io e		7 A CO	DIATE CAUSE (a)							
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y th	ther		cause (a), stating the underlying cause last.	DUE TO, OK AS A C	ONSEQUENCE OF						
ed b	ā		DART 2 OTHER SIGNIES AN	VT CONDITIONS CONTRIBU	ITING TO DEATH BU	T NOT BELATED TO TH	E TERMINIAL DISEA	NOITIQIA DE 12	CIVENI INI DAI	DT 1/-	
hen hen	lury	Z	PART 2. OTHER SIGNIFICAL	AL COMPLICIONS CONTRIBE	TING TO DEATH BU	I NOT KELATED TO TH	E TERMINAL DISEA	SE OR CONDITION	GIVEN IN FAR	CI III	
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bs le p	ws o	문					YES 🗆	NO IN CE	RTIFYING CAL	USES OF DEA	
icote hi ronsit p Hygier	8 sho	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	Υ	21c. HOW INJURY C		NATURE OF INJURY IN ITEM			
* 7 0	E		OR CONTRIBUTING CAUSE OF	DEATH	ONTH DAY YEAR 19	Tail District					
e Li	or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	P.M. 21e. PLACE OF INJU		21f. LOCATION					
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OR: OR: F He	-Si		sow the deceased olive	5-20	7-1983	and that in my (our) a				_	
RECTOR ned for u	E 5		abave, (1)/wei laid (die 22b. SIGNATURE	view the body ofter de	oth.	DEGREE				DATE SIGNED	
Dog D	±			valaiz			ING MEDICA	STAFF		-31-1	92
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	_ "	230.	BURIAL, CREMATION, REMOV			CEMETERY OR CREMA	CI	ATION IY OR TOWN	COUNTY	11.56	STATE
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- 16 50M 4	/B2	24. F	JNERAL DIRECTOR Dud	a-Ruck, Inc	ADDRESS	2	Salpate REC'D. BY	REGISTRARIES (1002)	JISTRAR'S SIG	A .	
/RA 15, 4)		17	922 Wise Av	enue Dunc	lalk, MD	21222	4	1303	ando	wasel	A

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16	11	FOR		DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	1 0	4 13	6
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NECESS ONERAL WITHIN PREST	12	RTHPLACE (STATE OR SOLLE)	76. CITIZEN OF W	YHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRI	ED 🖂 Bo	timore	County	MD.
ELAY IS TO THE FILED TO THE FILED	6	Towson	1037 L	OSPITAL, NURSING HOME EACILITY, GIVE STREET ADDRESSY CONNINGTON	ircle	4 -	Probation	Eficer	State of	ISINESS RYP Md.
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BALTIMORE, MD. 2120) S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND ITH FORM PM 3. REI PAGES I AND 2 SHOUL IVISION OF WITH RECO	JA F.	ATHER'S NAME FIRST John	Carroll Du			- U	ne Backof		LAST	04004
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W. PRESTON ST. VWITHIN 24 HOLE FINGIL IN ITEM IS MINER ALONG V TRANSIT PERMIT TITAL HYGIENE, OR REMOVAL.		PART I DEATH WAS	which dedicte (b)	R AS A CONSEQUENCE		Tol Wo	und To,	Heart	BE WEEN ONSE	AND DEATH
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TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD I TO FUNERAL DIRE BATTER DEATH, WIT BATTER DEATH, WIT		EXAMINER'S NAME (TYPE OR PRINT)				ADDRESS				
BP	23a. B	Burial Burial	5-14-83	St. Jo	sept &	em.	23d LOCATION CITY OF TOWN Fullert	on. M. COUN	TY SI	TATE
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6				STATE OF MARYLAND		
71	1	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HYG		2007
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2001
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ge 3	(,,,,	LADD	IE A	DVORAK	MAY 2 1983	4:20PM
λομ δο	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	0	MALE	ZTIHUI	APRIL 8, 1919	64 YRS.	MONTHS DAYS HOURS MIN.
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with d		ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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ertly 2 selly 2 selly 2 selly 2 selly 2 selly 2 selly 3 selly	M. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	11- 6001(1 0103)
MAR wid w	1	OSS PH	DVORA	BARBARG	A C. CT	Lopowski
RE, R	16a \	WAS DECEASED EVER IN U.S. ARM			ADDRESS	Fanama Ki
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retetrificate has been signed by the ottending physician and completely filled in but the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in the and Mental Hygiene prior to buriol, cremation, or removal. Or the medical examiner may be followed as the medical examiner may be haved or them 18 shown injury, another traumatic event, the medical examiner may be haved.	1	YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES) 500 14	OIIT FAMILY	RICORDS	
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4 5 0 7		sow the deceased alive an above, (X (we) (didX d(X dX)	view the body ofter death.		death occurred on the date and ha	
OR he ho DIRE achece Depth Herri		110. SIGNATURE	D D.	DEGREE ATTENDING	_ MEDICAL STAFF	22c. DATE SIGNED
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5 5 7 8 7 5		BURIAL, CREMATION, REMOVAL	- 0	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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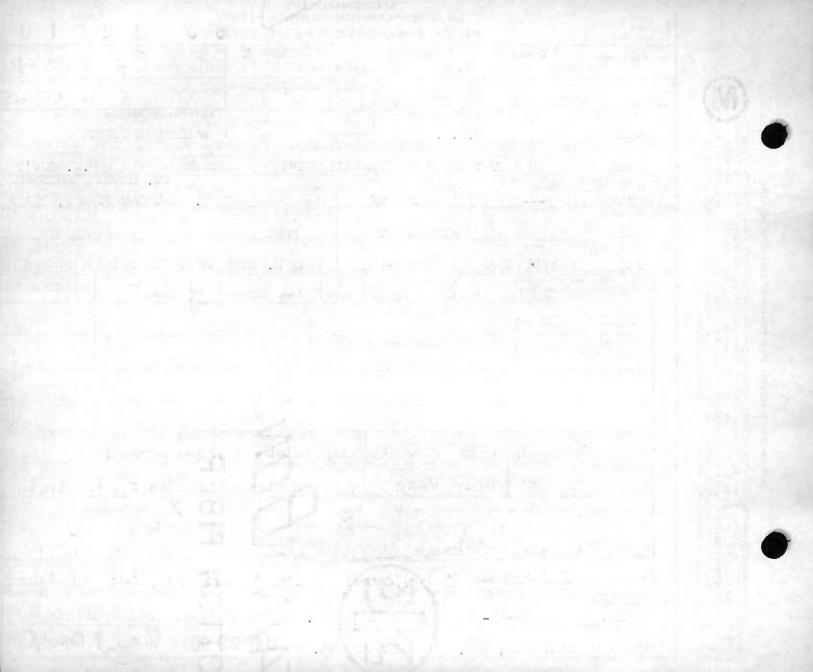
Service V	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 5	12008
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£ 100	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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4 1 5 C	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	
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ofter the f		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	D 1	TYPE OF WORK FOR MOST OF WORK	(ING LIFE) 12b. KINDEDE QUEINES OR
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More execu		WAS DECEASED EVER IN U.S. A	The Mile on the case.		ADDRESS	
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rote b rote b popers. ovol. nt, the		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), a SED BY:	indicu)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ityStCIAN: T ding physici sis certificote buriol-trons Mentol Hygi or flem 18 sh		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR	COUNTRY TENTER ANTORE OF MOUNT IN THE	m 19 FART / WAT ART 2/
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0 9 0 0 4		T De	n Ang ST		MEDICAL STAFF	
HOSPITAL ned by th FUNERAL uld be deto with State ORTANT: H		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS		
TO HOSPITAL TO FUNERAL should be det with the State		Adnan M. Sor	nmez M.D.	500 N. R	olling Road, Bal	timore, Md.
5 5 5 4 3 3	23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)	21 F	Proyector Russe	ell C. Witzke Fur Avenue, Catonsvil	neral Homes P.A. 250	MAY 1 6 1983	GISTRAR'S SIGNATURE
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noy be page 3	1. DE	CEASED NAME FIRST	1.0	H. E	ISE	NSTADT	20. DATE OF DEATH		Y YEAR	26. HOUR P.55 PM
4 of c	3. SE	× EMALE	4. RÁCE WHIT	TE.	JAN.	7, 1915	6. AGE (IN YEARS LAS	YRS.	UNDER TYEAR	IF UNDER 24 HRS
leoth. Page		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CIT	Y <u>OR</u> COUNTY O		MD
s ofter	10°C	RANDALLSTOWN	11. NAME OF (IF NOT IN SU BALT I	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET, MORE COUN	G HOME C ADDRESS) TY GE	N. HOSP.	12a. USUAL OCCUP (TYPE OF WORK FOR MO HOUSEW)	ATION ST OF WORKING LIFE) LFE	126. KIND C INDUSTRY AT	HOME
n 24 hour	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COUI ARYLAND BA	OTHER INSTITUTION ATY LTO.	134. CITY OR TOW RANDALLS		13d. INSIDE CITY LIMITS?		NTFORD R	D. #	21133
ond 2 s)4. F/	THER'S NAME MYER	WIDDLE	GOLDBERG		röse Röse	MIDDL			DBERG
be execut	160. \		MED FORCES?	215-10-3		17. INFORMANT 3 WOODHUE CO		EL EISEN BALTO	MD	21207 MATE INTERVAL ONSET AND DEATH
low requires that the deal of the signed by the otter remit. Then please remove the prior to buriol, cremotion is sony injury, or other troun	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT GANGREIVE 19e DATE OF OPERATION	conditions (SAJALLOR AS A CONSEQUE CONTRIBUTING TO E ATTEMATICAL TO THE TOTAL TO THE TOTAL TOT	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	ONDITION GIVEN TO E- 206. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
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OR ATTENDING The hospital or off DIRECTOR: After oched for use os if Dept. of Health on If Hem 21 is morket		WHILE ATWORK NOT WHILE ATWORK 22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did not like)	t) view the bod	19			, to, to			
TO HOSPITAL Cretoined by the TO FUNERAL D should be detected with the State D IMPORTANT: If	23a	HAFEEZ BURIAL, CREMATION, REMOVAL	A	SYED 123C. N	MAME OF C	220 ADDRESS BALTIM EMETERY OF CREMATORY	ORF OF	DUNTY	1 GEI	V HOS
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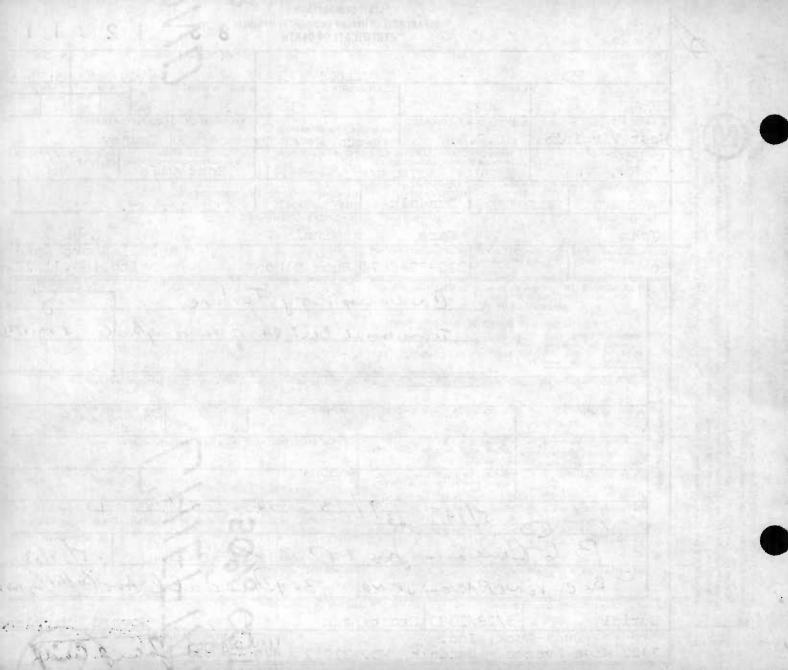
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Dundalk, MD. 21222

7922 Wise Avenue

(VRA 15, 4)



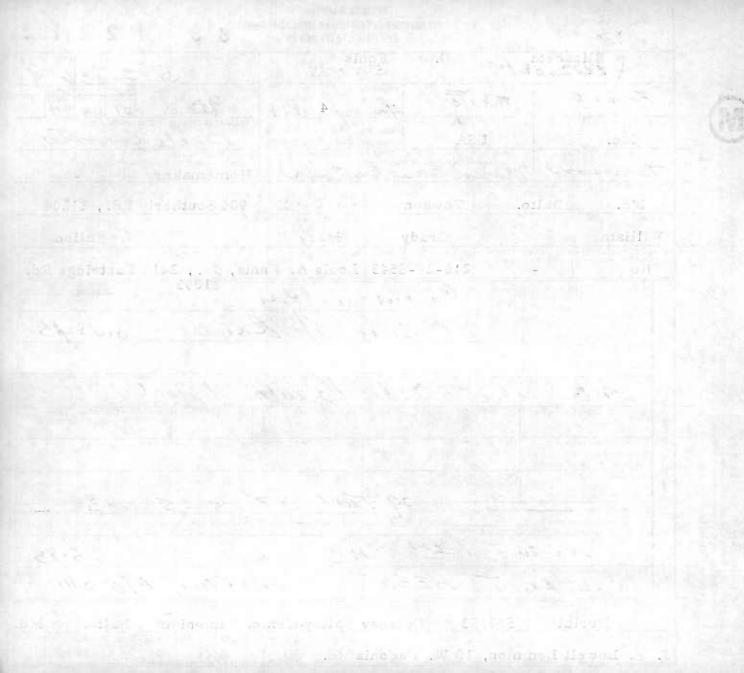
E. Lowell Lemmon, 10 W. Padonia Rd.

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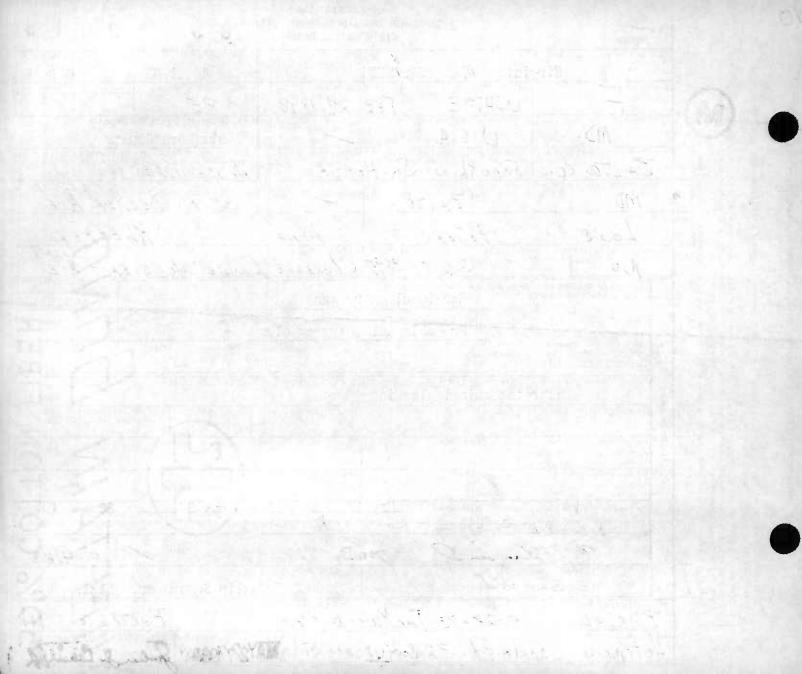
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH YEAR 2b. HOUR May 24, 1983 3:30 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR INDUSTRY 4035. EAST AUE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (15) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 9000 Franklin Square Dr., 21237 250. DATE REC'D. BY REGISTRAR 256 REGIS DHMH - 16 50M 1/81 (VRA 15, 4)



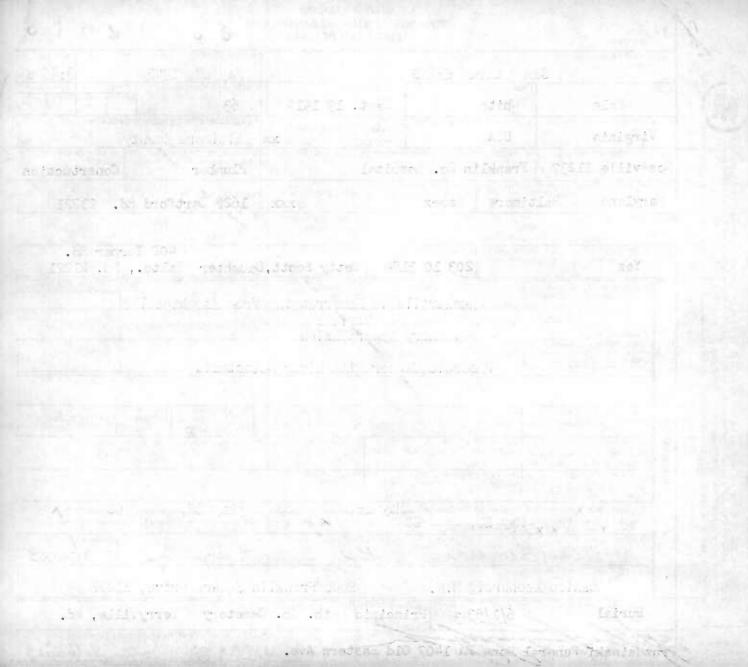
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(VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE

(VRA 15, 4) 7/78

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

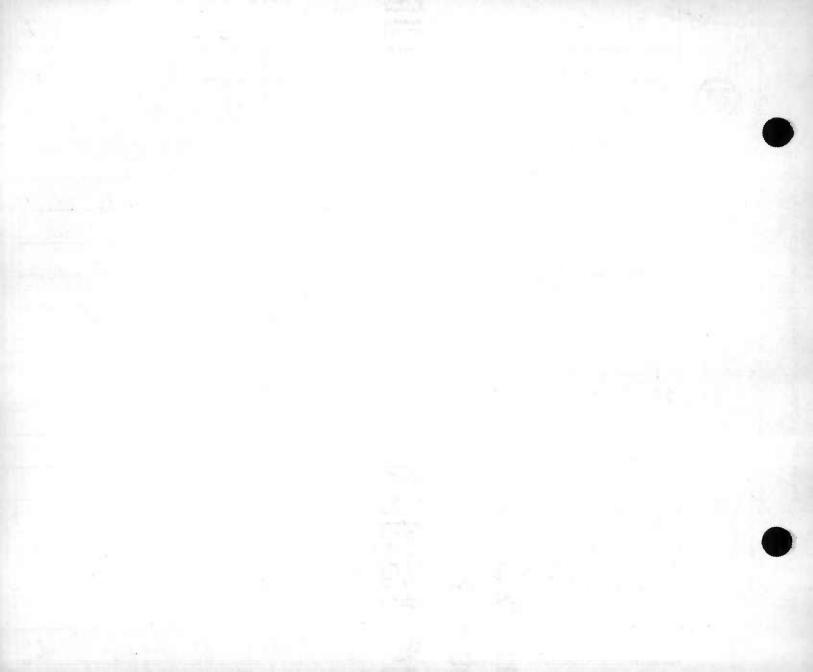
HOURS

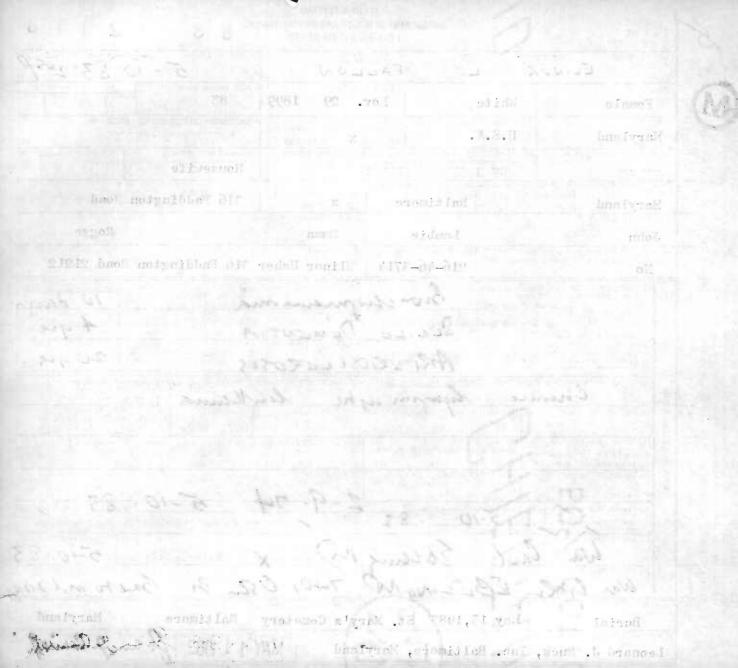
NO []

STATE

MD

IF UNDER 24 HRS





BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shaws ony injury, or ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	FOR STATE REGISTRAR			CERTIFIC			CATE OF DEATH 8 3 REG. NO. 1 2 0 1				
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR			
	TYPE	VIOL	A	S.	FARI	MER	May 12,	, 1983 _M			
	3. SEX	(4. RACE	- EXTIL	5. DATE C			F UNDER 1 YEAR IF UNDER 24 HRS			
454		Female	White		Nove	mber 27, 1898	84 YRS.	ONTHS DAYS HOURS MIN.			
Y.	7 BII	RTHPLACE (STATE OR FOREIGN OUNTRY) IISSOURI	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore County Baltimore Count				
Y		ty OR TOWN OF DEATH utherville		HOSPITAL, NURSIN HEACILITY, GIVE STREET A NOTNNITT		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET	12b. KIND OF BUSINESS OR INDUSTRY			
5	13a S	AL RESIDENCE (IF NURSING HO). TATE Aryland Ba.	ME OR OTHER INSTITUTION. OUNTY ltimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN TOWSON	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 4	13 STREET ADDRESS Charles	21204 s View Way			
2	14 FA	Valle	MIDDLE SCY	ruggs LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	rent LAST			
		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	21093			
	1	NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES	206-24-65	555	Mrs. Priscill	la Jo Herrmann 21	Thornhill Rd.			
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O b b c d DUE TO, O DUE TO, O C C DUE TO, O	R AS A CONSEQUE		6 months					
1	CERTIFICATION	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TERM	WERE FINDINGS USED ING CAUSES OF DEATH?				
1	TE	196						YES NO			
9		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFE NOTIFY MEDICAL EXA	DE DEATH HOUR A.	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RT 1 OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	OF INJURY 211 LOCATION STREET			CITY OR TOWN	COUNTY STATE				
		220.1 certify that (1) (this hospital) attended the deceased from									
		27b. SIGNATURE	5-13-83								
1		Long Hs			1	Wyman Park He	ealth Systems, In	с.			
		BURIAL, CREMATION, REMO (SPECIFY) Cremation		-1983	West	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltimore	COUNT Maryland TE			
	24 FU	UNERAL DIRECTOR CK TOWSON Fur	neral Home			Maryland MA	F REC'D. BY REGISTRAR 256 TO GISTR	AR'S SIGNATURE			

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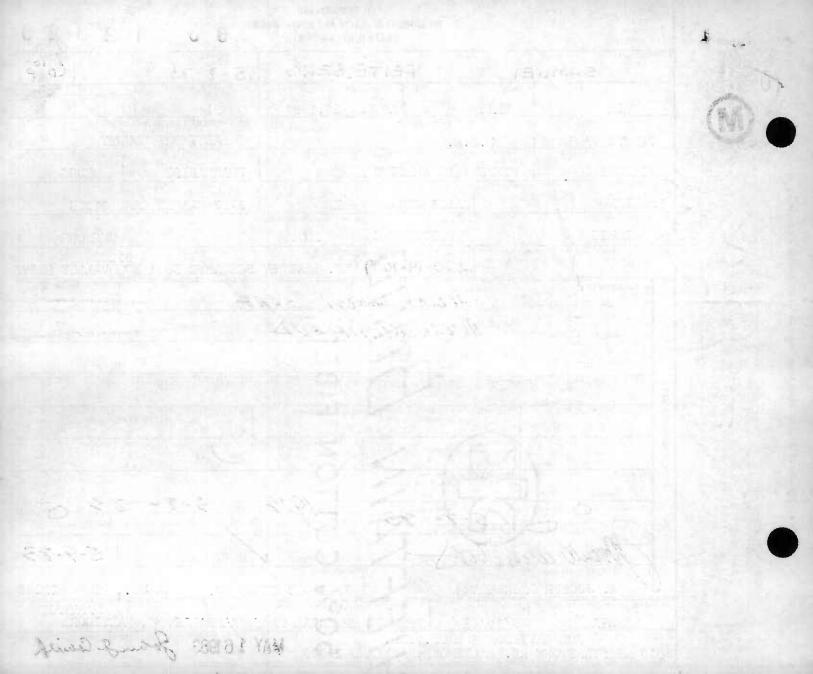
- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



Champile M. Leiseney May 18 18 2 18 19 13 128 E SOLETEN AL ESTADOS MARIES A COLOR STATE In extraoree County and SALTIMESE 4320 HIGHOLD AVE WHOMEN SHEEP FOR med partially at a second of the first and KENEBURY STEELS HOSELAND STEELS NEW WELL IN A THE PROPERTY OF FILLIES I THROWS IN is it is a cathedon courty bearingly water court has The state of the s

3	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	HYGIENE	8 3	1	2 0	2 2
		CEASED NAME	FIRST Heri	ne, Mo	widdle argaret	5. DATE			REG. NO	MONTH DAY	-83	2b. HOUR 1 HS AM IF UNDER 24 HRS
)	_	emale		whi-	_	MONT	- 1 - 189 c		9	YRS. MON		HOURS MIN.
35	1	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 71	U.S.A.	WHAT COUN	MARRIE WIDOW		14	altimore city o		DEATH	MD.
90	10. C	ITY OR TOWN OF DEA		USMOT IN SUC	H FACILITY, GIVE	URSING HOME (STREET ADDRESS) HOSDice	OR OTHER INSTITUTION	12a. (USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE!	12b. KIND OI INDUSTRY	F BUSINESS OR
35	USU. 130. S Maz	NSON ALRESIDENCE (IF NURS STATE PY Land		THER INSTITUTION		BEFORE ADMISSION	13d. INSIDE CITY LIMITS	5? 13e. S 23	ome makes or Pentle	21	234 Balto	o., Md.
00	14. FA	ATHER'S NAME FIRST Frank	A.	DDLE	Fink	ī	15. MOTHER'S MAIDEN PIRST Mary		$E^{'}$.		aun LAST	
2	- (WAS DECEASED EVER YES, NO OR UNKNOWN) 20		ED FORCES? WAR OR DATES!		SECURITY NO. 6-2308	17. INFORMANT Mrs		sephine Baltimo		llner rulanc	1 21213
	NO	Canditians, if any gave rise ta imm cause (a), statin underlying cause	mediate ng the last.	DUE TO, O (b) DUE TO, O (c)	arter R AS A CONS	SEQUENCE OF	the luitonic card					
9	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	ON WAS PERFORMED		AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES T	ERE FINDIN	IGS USED OF DEATH?
9	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEATH CALEXAMINER) RED	P. 21e. PLACE	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJUR		OR PART 2)	STATE
	4	WHILE NOT WE AT WO 220. I certify that (I) saw the decease above, (I) (we) (i) 22b. SIGNATURE	(this haspita ed alive an_	I) attended th	e deceased f	ram O 2	Martin (my) (aur) apini DEGREE ATTENDING PHYSICIAN	G ME	a5 accurred an the do	F		
1		22d. PHYSICIAN'S N.	AME (TYPE OR I	PRINT)			22e ADDRESS) A	· · · · · · ·	IAIN	J-7	- 10
-		Eddle BURIAL, CREMATION, (SPECIFY)	REMOVAL	23b. DATE	a	23c NAME OF	CEMETERY OR CREMATOR	Ma DRY 23	LOCATION CITY OR TOWN	Spice	OUNTY	STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Entombment BP.

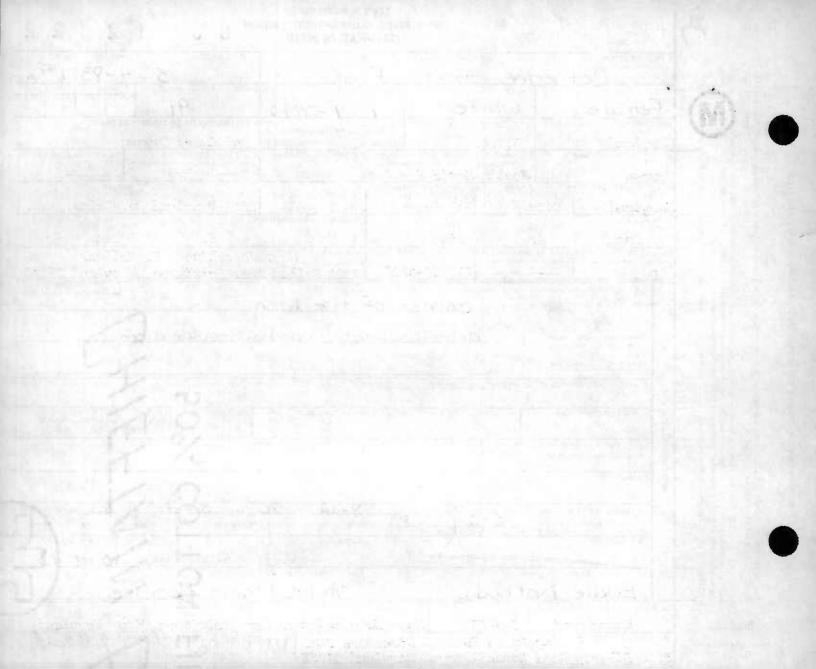
5-6-83

23c NAME OF CEMETERY OR CREMATORY Most Holy Redeemer Cen.

234. LOCATION
CITY OR TOWN

EM. Baltimore City Maryland
RED. BY REGISTRAN 251 REGISTRAN'S OGNASURE

24. FUNERAL DIRECTOR Loring Byers Funerals, Directors Inc. 8728 Liberty Road Randallstown, Maryland 21133



1 0	1			STATE OF MARYLAND					
111	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	2023			
4	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR			
m £ '		EDITH	VIRGINIA	FLEETWOOD	mas	30 483 1045			
o o o o o o o o o o o o o o o o o o o	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 H			
s off		FEHALE	WHITE	MAY 7 1903	80	MONTHS DAYS HOURS MI			
haur ce.		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO				
13.		MARYLAND	USA	WIDOWED DIVORCED [DALTIMOR!	E COUNTY			
國局軍	10. ⊂	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS INDUSTRY			
500		ockdale	3707 Washingto	n Avenue 21207	HomeMaker				
D 200	130. 5	STATE 136 COUR		N 134 INSIDE CITY LIMITS					
should be seen as the seen as		aryland Balt	imore Rockdale	YES NO PR	3707 Washing	ton Avenue 2120			
and 2 and 2 staning		FIRST	MIDDLE LAST	FIRST	MIDDLE	1AST			
0 -	160 \	Werner WAS DECEASED EVER IN U.S. AR	Hoppe MED FORCES? 166 SOCIAL SECU	Margare JRITY NO. 17 INFORMANT Mr.		Purdy			
Pages 1	(E WAR OR DATES) 2.12-09-0		Charlton Fleetu				
ician ers. F	-		aly one couse per line for (a), (b), on		ngton Avenue Bo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
phys emovo		PART I. DEATH WAS CAUSE	DBY:	myscardial	ila ten	10 min.			
00 0 5		4100 IMMEDIA	TE CAUSE (o)	100000	Parcy Ch				
nove corbination, ar-		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (th)							
the offer remove emation er froum		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
oth oth	3.3	underlying couse last.	Total of AS A CONSEGO	ENCE OF					
and bur	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	N GIVEN IN PART 1(0)			
0 - 0 ×	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED			
nos bermine premine pr	FIC	-	The Condition Tok Willen	OF ERATION WAS FERFORMED	YES TO NOTE IN C	ERTIFYING CAUSES OF DEATH?			
is certificate has burial-transit per Mental Hygiene or Item 18 shows	H 1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE				
this certificate to buriol-transified Mental Hyging of them 18 shu		OR CONTRIBUTING CAUSE OF DE		AY YEAR					
his ce buri Mer or It	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE			
s the hond rked o	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.)	CITY OR TOWN	COUNTY STATE			
R: Af			tal) attended the deceased from_	11-26-82 19	10 5-30-8	, that (I) (we)			
of the state of th		sow the deceased alive on above, (1) (we) (did) (deba	1-21-83 19 view the body ofter death	ond that in (my) (our) opinion	on death accurred on the date on	d hour and from the couses states			
DIREC ached Dept If Item		226. SIGNATURE	1 11 -	DEGREE		22c. DATE SIGNED			
CAL D detac late D		Michon	B Hurwit		MEDICAL STAFF DIRECTOR PHYSICIAN	5-30-83			
Should be detainwith the State D	14	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	22e ADDRESS	1 21 8.111	h1 1 2 - 7			
A Pour		A BRAHAM D	HURWITZA	11) 1501 LIDER	/	u Md. 21207			
	230 E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE			
(011.1.75	24.5	Burial	June 2, 1983 I	orraine Park Ceme		Balto. Md			
60M 1/73			Byers Funeral D.		AV 7 4 4000	COSTRARS SIGNATURE			
13 (4))	1 8	1728 Liberty Roc	ad Randallstown	, MD. 21133 M	AY 31 1983 176	more wantedly			

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ATTURNAL LINE NUMBER OF THE PROPERTY AT HELD SVA BROWNING OF THE BURGE STREET FORESE OF FRITH BANK ME WE CENTAL LO WALLEY TORT - MAY DE- 92

STATE OF MARYLAND	S	T	ATE	OF	MA	RYL	AND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

O	4	-
0	REG. NO.	-1

1	REGISTRAR				CERTIF	ICATE OF	DEATH	. 8	REG. N	10.	6	·	6	3
	CEASED NAME	FIRST	٨	AIDDLE	L	AST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	26 HOUR	1000
		ank	7	r.	For	d				May	13,	1983	1:000	7,
3. SE	x Male	4.	RACE White		Jan		1906	6. AGE (IN)	TEARS LAST BH	RTHDAY)	MONTHS	ER 1 YEAR	IF UNDER 24 H	
	e IRTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN 7b.	U.S.	WHAT COUNTRY?	8. MARRIE WIDOWE	_	MARRIED .	9 BALTIMO Ba			TY OF D			MI
	TY OR TOWN OF DEA Baltimore		POELL	Pentwoo	d Roa		MOITUTITE	120. USUAL (TYPE OF WOR Load			er B	KIND O DUSTRY alto	Gas &	OF.
13a.	AL RESIDENCE (IF NURS STATE aryland	13b. COUNTY		13c. CITY OR TOW Baltimo	N	13d. INSIDE YES	CITY LIMITS?	13e. STREET 13	ADDRESS 09 P€	entwo	od R	oad	21239	
M) F	Norman	MID	DLE	Ford			die	ΜE	WIDDLE			Toa	dvin	
16a. \	WAS DECEASED EVER	IN U.S. ARME		212-07-6		17 INFORM	C. For	d, Sam	ADDR e As		212	39		
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: 1 2 2 1 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONS Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. DUE TO, OR AS A CONS				ence of	Peroxie	- C.V.	Juice	el_			APPROXI	MANTE INTERVAL	н
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 1					kso	Cetu	CALLEL 200 AUTO	- Tes	elieur	usky	de	MACC.	
TFIC										-	RTIFYING CAUSES OF DEATH? YES NO NO			
	ON CONTRIBUTION CAUSE OF DEATH			FINJURY M. MONTH DA M.				JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I				R PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e PLACE OF (AT HOME, STREET,		OF INJURY BET, FACTORY, OFFICE, F.	PICE, FARM, ETC.) 211 LOCATION STREET			CITY OR TO	OWN	CC	YINUC	STATE			
	220.1 certify that (1) saw the decease above, (1) (we) (c	ed olive on	- May	10 198	3 .01	nd that in (my	, 19 65 (our) opinion	, to death occurre	Mice of the o	dote and he	. 19 2 our and		that (1) (we) couses stated	OS
	326. SIGNATURE	ich C	Vale	nuer 9	md	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSI		2	20 DATE	SIGNED /	5
	224 PHYSICIAN'S NAME (TYPE OF PRINT)					22e ADDRESS								

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR:

or Hem 18 shows any

IMPORTANT: If Item 2 should be detached with the State Dept.

230. BURIAL, CREMATION, REMOVAL Burial 5-16-83 23c. NAME OF CEMETERY OR CREMATORY

6100 York Road, Baltimore, Maryland

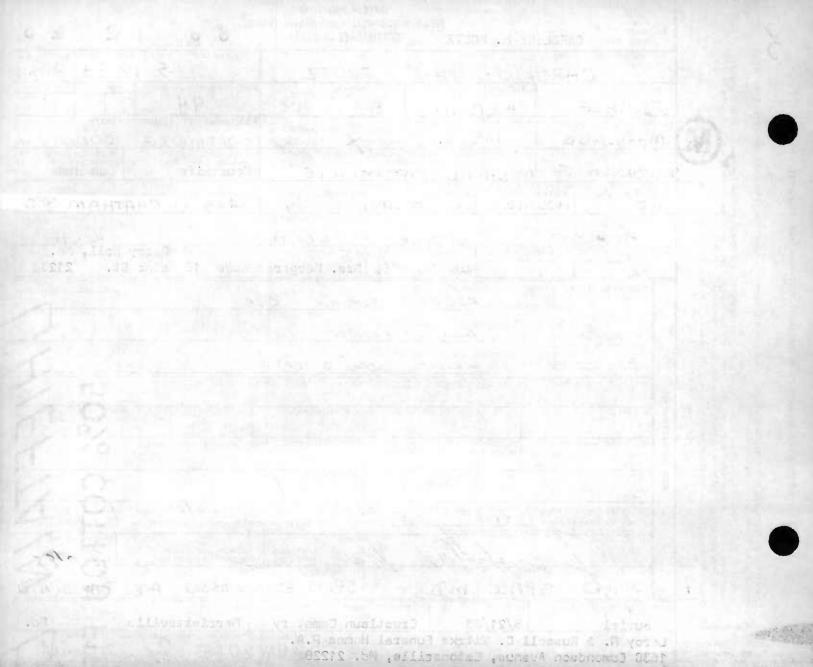
Moreland Memorial Par

23d LOCATION
CITY OR TOWN
STATE
Parkville, Balto. Maryland

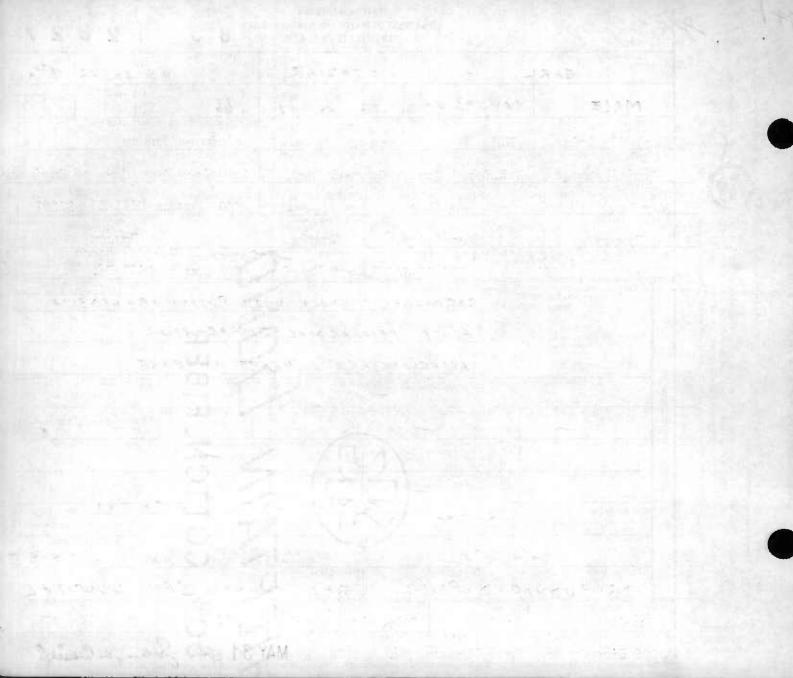
Frederick I. Vollmer M.D.

24 FUNERAL DIRECTOR
NAME
Leonard J. Ruck, Inc. Baltimore, Maryland 21214

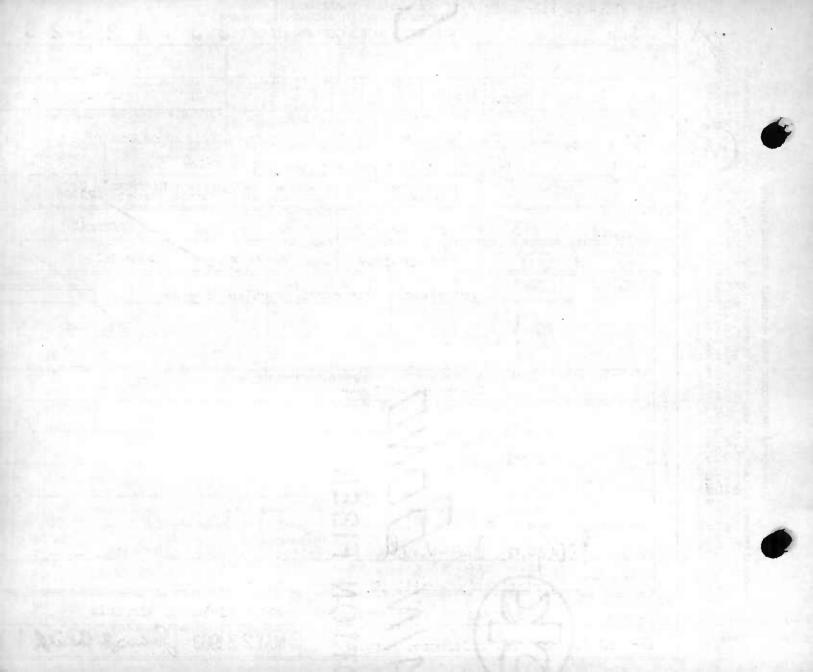
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21133



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	14/	1-	STATE REGISTRAR			ME	DICAL	EXAMIN	ER'S	ERTIFIC	CATEC	F DE	TH 3	REG. NO.	2	0 2	8
	" N		CEASED NAM	E FIRS	r		MIDDLE			LAST		- 1	20. DATE KNO	WN "	AONTH D	AY YEAR	2b. HOUR
	THES.				RNOLD		R.	f	REY				DEATH MA	TED	5-19-	-839	M
	PRE PER PER PER PER PER PER PER PER PER	3. SE	x Male	White S. DATE OF BIRTH MONTH DAY Oct.2,15		TH DAY	DAY YEAR LAST BIRTHDAY) MONTHS			DER 1 YR. IF UNDER 24 HRS. 2c. DATE HS DAYS HOURS MIN. PRONOUNCED DEAD) Mi	MONTH DAY YEAR			
3	N N N N N N N N N N N N N N N N N N N	FC	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.J.			USA 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY WIDOWED DIVORCED Baltimore County										AAD	
	W	11	osedale		(IF	NOT IN SUCH FA	CILITY, GIVE S	RSING HOME TREET ADDRESS)				12a. USU FOR A	IAL OCCUPATI	ON (TYPE OF	WORK 125.	OR INDUST	SINESS
21201	ANY DE AND 3 TRETAIL	USU	AL RESIDENCE STATE Va.		ME OR OTHER	INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSION OR TOWN	ON)	13d. INSIDE C		13e STRI 6817	ET ADDRESS Grace	Richm	ond,	Va 23226	9999
WD.	17 45 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	14. F	ATHER'S NAME		MIDDI R	E	Frey	LAST Sr		1	ER'S MAIDE		MIDDLE		Pitor		
BALTIMORE	S AFTER DEA GIVE PAGES VITH FORM F PAGES I AN HIVISION OF	160.	WAS DECEASE	DEVER IN U.S.	-	DRCES?		CIAL SECURITY	NO.	17. INFOR	-		A	DDRESS			
ALTA	AFTE HE FOR A SECOND STORY OF THE SECOND STORY OF THE FOR A SECOND STORY OF THE SECOND	(1	Yes	, , , , , , , , ,	V 11	DATES)	148	-20-19	89	Mrs	Dori	is E	Frey	Same	As13	3e	
ST.	HOURS AND GIG WITH PARTY			F DEATH (Ente	JSED BY:	Ar			tic	cardi	ovasc	ular	diseas	o.		APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
PRESTON	IN 24 IN ITE/ ALON SIT PER HYGIE		429	16	DIATE CAU	JE (U)		ISEOUENCE C			, , , ,		421,000			0.00	
× P.	WITH WINER TRAN TRAN OR RE	-	gove ri	ns, if ony, wl se to immed) stating the un-	iate /	(b)	AS A CON	ISEQUENCE C)F								
201	UTED IN PI EXA ME ON, O		lying cau	ose last.		(c)											
RDS,	EXECUTION OF THE A BUR HAND		PART 2 OTNER SI	IGNIFICANT CONOIT	ONS CONTRIB	UTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL OISEAS	OR CONDITIO	N GIVEN IN PA	RT 1 (a).			-		
O.	A ALTH	ON					-	is of 1									
ITAL R	SHOULD ORD "PE CHIEF A E USED A T OF HEA URIAL, O	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								2	YES X	NO 🗆		
DIVISION OF VITAL RECORDS.	THE WE THE WE THE SOULD BE TO		UNDERLYING	AL CAUSE WAS OR NG CAUSE		P.M	I. MONTH	DAY YEAR	21c. H	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJURY I	N ITEM 18 PART	I OR PART 2}		
DIVISIO	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BUSIAL-IRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HARLTH AND MENTAL HOGIENE, DIRATTION, OR REMOVAL.	MEDICAL	214 IN HIRY C			The PLACE		(AT HOME,		CATION			CITY OR TOWN		COUNTY		STATE
	INER: THE STATE OF		22a 1 certi	ify that I toak c	narge of th					sy XX.	Inspectio		Inquiry		т ту орнно	on	
	EXAMI CERTIF JID BE DIREC WITH		death result	ed fram:	latural caus	ses D	Accident	01	cide 🔲	, Hami	SPECIFY)	Undete	ermined monne		0.175		
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	O MEDI XECUTE A A GE 4 O FUNE		EXAMINER'S (TYPE OR PRI	NT)				ell,M.C		ADDRESS_	111		Stree	+			
00000	GBP 960	23a.8	SURIAL, CREMA	TION, REMOV		TE /23/83		Westhan					CATION Chmond	, Virg	ginïa	51	TATE
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	* DHMH - 17 (VR A15 ME (5))		Leonard	d J. Ru	ck In	c. Bal	timon	re, Mar	ylan	d	MA	123	1983	john	A.	which	



7		STATE OF MARYLAND
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
/		REGISTRAR HEORY ROY CERTIFICATE OF DEATH 8 REG. NO. 12 02 9
16	1. DEC	CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
4 84 VP		5 28 83 8:10 M
1 1 1	3. SEX	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HBS
P 25		m Cauc, 10 1 93 89 YRS.
2 9 9		IRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH
10 10 10		MU. WIDOWED DIVORCED DI DAJEO LO MD.
10 10	10. CI	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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ARYLAND 2120 Leathin 24 hours pletely lifed and and 3 short Ole Pro	USU / 13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CIPDOR TOWN 138. INSIDE CITY LIMITS? 130. STREET ADDRESS
Z 2 4 500		STATE 136. COUNTY 136. CITYOR TOWN 136. INSIDE CITY LIMITS? 130. STREET ADDRESS ARK DR. 21234
RYL 12.55	14. FA	ATHER'S NAME 15. MOTHER'S MAIDEN NAME
W 7 11 0850		INRHRY TRORHIGH ELIZABITH 1742RS
ORE,	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
BALTIMORE, rate be exercing rysician and a rysician a rysi		125 W.W.I DID 05 0158 FAMILY KECORDS
ficate ficate papers noval.		18. CAUSE OF DEATH (Enter only one cause por light form), (b), and (c), PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (a)
C 4 pagata		7292 DUE TO, OR AS A CONSEQUENCE OF A CONTRACT AND
dep dep atte		Canditions, if any, which gove rise to immediate (b)
W. PR		cause (a), stating the DUETO OR AS A CONSEQUENCE OF
0 + 000 5		underlying cause last. (c)
S, 2	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTAINING TO DEATH BUT TO THE TERMINAND SEASE OF CONDITION GIVEN IN THE SEASE OF CONDITION GIVEN G
RECORD low requiremit. The eprior to	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 200 IN CERTIFYING CAUSES OF DEATH?
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ON OF VIII	¥	OR CONTRIBUTING AUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTET MEDICAL EXAMINER) P.M. 19
<u> </u>	MEDICAL	214. INJURY OCCURRED 214. PLACE OF INJURY 211. LOCATION
DIVISION DING PHY or attendi After this se as the bu colth and morked ar	2	WHILE NOW HILE AT WORK AT WORK OFFICE, FARM, ETC. STREET STATE
E S S E		22e.1 certify that (I) (this haspital) attended the deceased from
R ATTEN hospital RECTOR red for un H ppt, of He		saw the deceased alive an 19 3, and that in (my) (my) apinion death accurred an the date and hour and from the causes stated above the local (claim not) view the bady after death.
he he he		226. SIGNATURA DEGREE 221 DATA KONEY
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220. ADDRESS
TO HOSPITAL Cretained by the TO FUNERAL D should be detact with the State D IMPORTANT: If		FRANKT, KASIKUR MD. YOOS NTARFORD KU 24734
Of of Market		BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE
BP	B	URIAL MAY31,1983 ROSE HILL EM. HAGERSTOWN MARYLAND
DHMH - 16 50M 4/82	24. FU	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4)	2	VANS FUNS RAL CHAPSI 8800 HARFORD RO, MAY 31 1983 John & Chille

Continued a Richman don Bury could be been ascialed the way of he was marked Delter later, the to morney of the good FRANKET KASIK JRAND "JOSET SEPECKO KILSZISZI

BP.

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

REGISTRAR 1. DECEASED NAME

> 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Printing 3421 1/2 Pleasant Place 21211 HAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES XT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 5-24-83 6701 N. Charles St. Towson, MD 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Reisterstewn Cemeter Reisters 23 Registrar 23 Regis ADDRESS 261983 Burgee Funeral Home 3631 Falls

20 DATE OF DEATH

MONTH

23

83

IF UNDER LYFAR

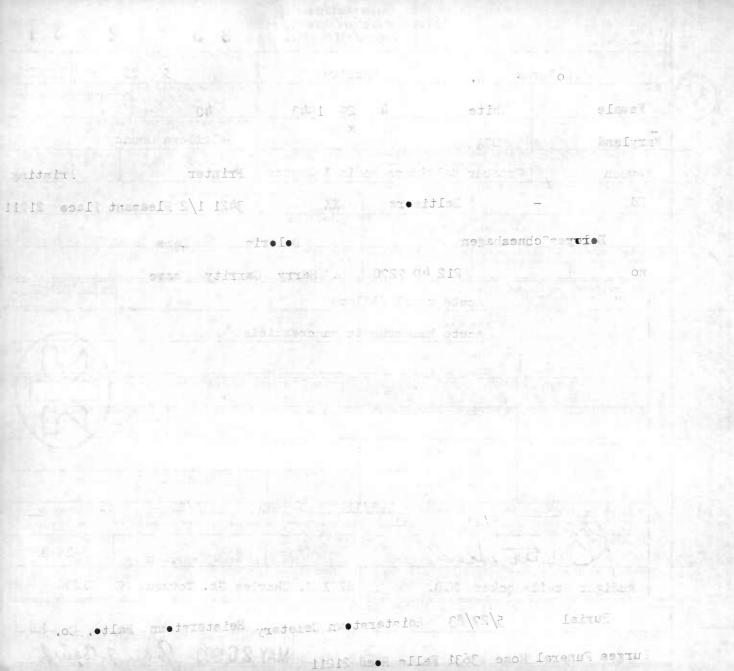
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IF UNDER 24 HRS

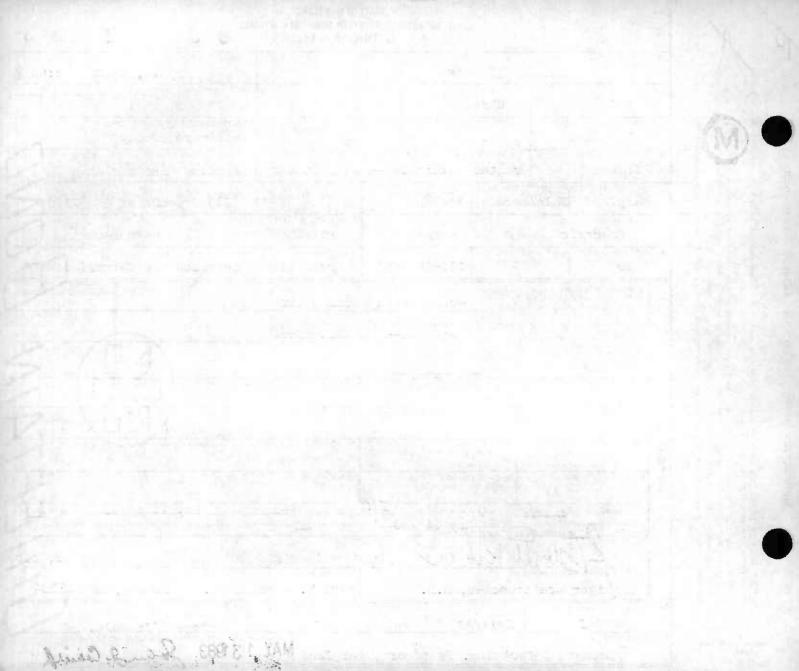
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



~						STAT	E OF MARYLAND					
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and 2 st	14 FATHER'S	FIRST	MIC	DOLE	Bricker		15. MOTHER'S MAIDENT Eugenia	NAME	WIDDLE		Doyle	
Pages 1	160 WAS DE	CEASED EVER	IN U.S. ARME		714-14-2		Agnes Glass	. daugh	ADDRE			. 137
igned by the ottendir an please remove carl burial, cremation, ar iry, ar ather traumati	gove couse unde	rlying couse	mediate ig the last.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO C	NCE OF	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CONU	DITION GIVE	EN IN PART 1(a	
has been s t permit. The iene priar to aws any inje	21a. Ad	TE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	IN CERTIFY	, WERE FINDING YING CAUSES O	
ng physici certificate mid-transi ental Hygi Item 18 sh	00.00	CCIDENT WAS UND NTRIBUTING () O THER, NOTIFY MEDI	CAUSE OF DEATH		DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCI	URRED (ENTE	R NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2}	
ottendim ottendim s the bur o and Me		JURY OCCURI	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TOR: Affar use a far use a of Health		7000	(this hospital	10000		F5_, or	ad that in (my) our) opinion	on death occu	5/7 urred on the do	te and hour		owes stated
the hass		GNATURE	5	riew the body	oper deam.		DEGREE ATTENDING	MEDIC	AL STAF		22c. DATE SI	IGNED
etained by the TO FUNERAL should be detained to the State with the State MPORTANT.		TU and					22e ADDRESS	M. (hour	fls vi	d 2/11)
shauf with IMPO	23a. BURIAL,	CREMATION,		23b. DATE	1 23 c N	IAME OF C	EMETERY OR CREMATOR	y 123d LC	CATION DCATION	00		
BP	(SPECIFY)	rial		23 Ma			lia Cemetery		cheste	n	COUNTY	Penn

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(VRA 15, 4)

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SOL LEVINSON & BROS., INC.

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FOR

BP.

DHMH-16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

STATE

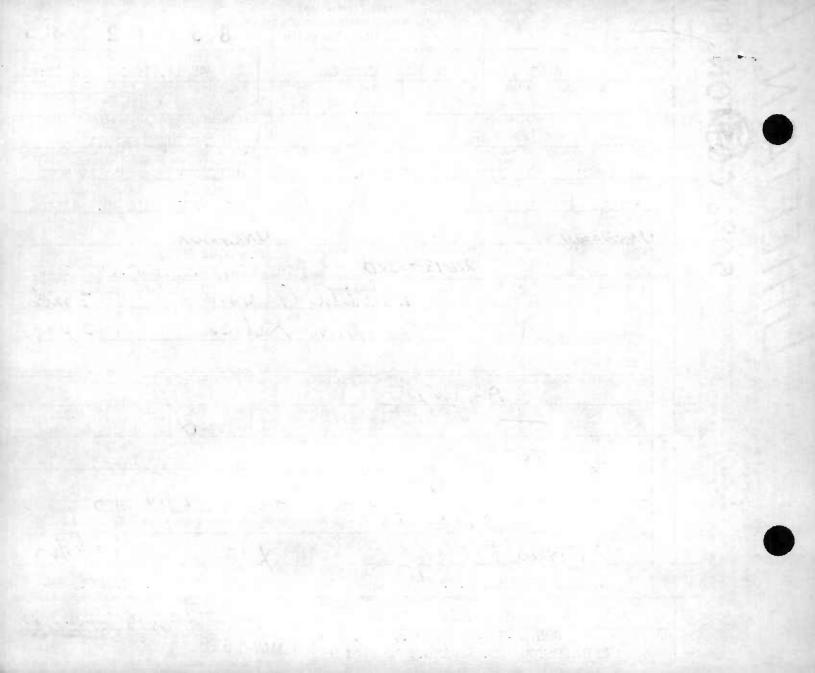
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D BY REGISTRAN 25 AEGISTRAN S SIGNATURE



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ned by the attending physicion and campletely filled in by the please remove carbonpopers. Pages 1 and 2 shauld be filed

injury, or ather troumotic event, th

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

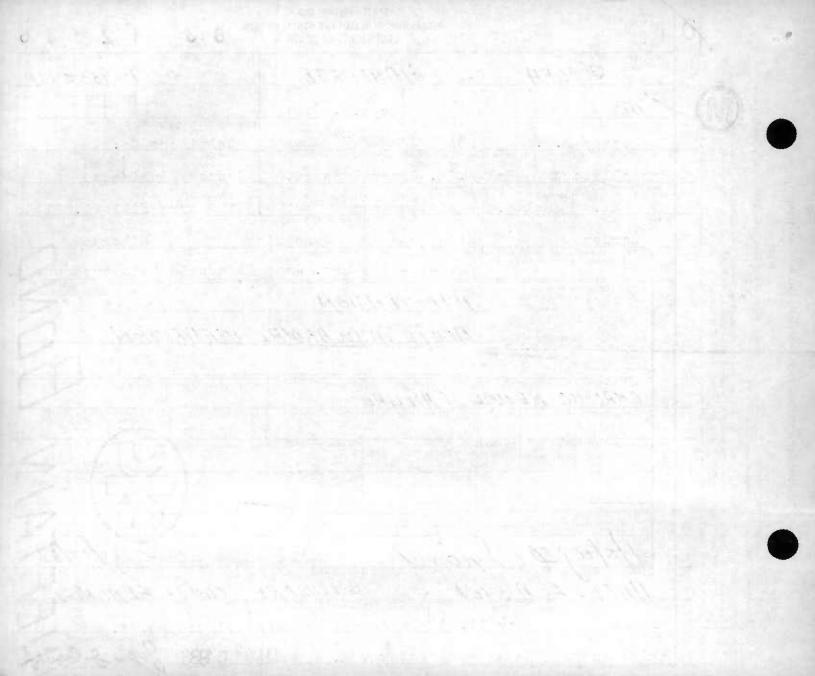
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14 FA	ATHER'S NAME FIRST	MIDDLE	TAST	15. MOTHER'S MAIDEN NAM	ve .			
	Carmen		anforte	Josephir	MIDDLE	Liber	t.O	
	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166.	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE		00	
DI,	YES NOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	13-18-049	Mrs. Jean	Gianforte	Reiste	rstow	n.Md.
	18 CAUSE OF DEATH (Enter or	nly one cause per line	for (a), (b), and (c)				APPROXIMATE INT	
	PART I. DEATH WAS CAUSE	ED BY-	HPATEN	GINN			WEEN ONSET AN	DUCAIN
	LLIDO		1101011	2107 "				
	Conditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	YOCARDIAL	INFAR	TIMAL		
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z	PART 2. OTHER SIGNIFICANT	DE ALQU	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM.	INAL DISEASE OR COND	ITION GIVEN IN PA	ART 1(a	
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FIC.	14E DATE OF OPERATION	1146 CONDITION	Y FOR WHICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA		
RTI					YES NO	YES 🗌	NO	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF IN	MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PA	ART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF II	ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUN	NIY	STATE
2	AT WORK NOT WHILE	(ATTHOME STREET, F	ACTORY, OFFICE, PARM, ETC.)	V				
	22a. I certify that (1) (this hospi	tal) attended the de	ceased from	, 19	, to	, 19	, that (f)	(we) last
	saw the deceased alive on above; (1) (we) (did) (did no	t) way the hady after	19, as	nd that in (my) (aur) apinian a	death occurred on the do	te and hour and fro	m the causes s	toted
	776. SIGNATURED	The body dife		DEGREE		22c.	DAYE SIGNED	5
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- 1	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY		STATE
-	Burial	May 11,	83 Evergi	reen Memoria	Finksh	irg, Md.		
24 FL	UNERAL DIRECTOR			250 DATE	REC'D. BY REGISTRAR	56 REGISTRAR'S SI	GNATURE	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Eline Funeral Home Reisterstown, Md.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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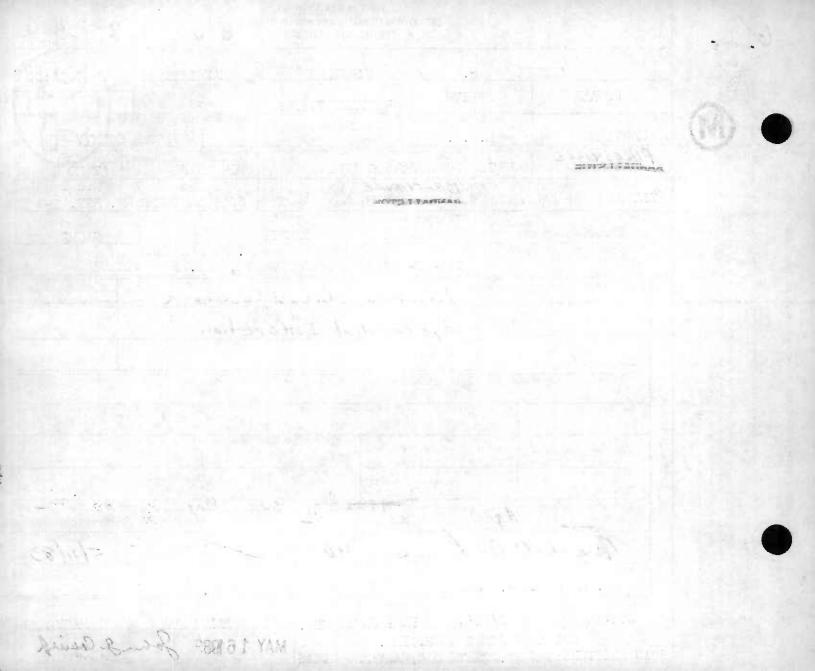
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STATE OF MARYLAND

2 ABJOURN TO AD STRATZETOM

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director, page 3

ned by the attending physician and campletely liplease remave carbanpapers. Pages 1 and 2 sha

MPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical examiner

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	B REG. NO		0 4 1				
1. DECEASED NAME FIRST	WIDDLE	L	AST	0. DATE OF DEATH	AONTH DAY Y	EAR Zb. HOUR				
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MALE	4. RACE WHITE	5. DATE C	6/1924 YEAR	AGE (IN YEARS EAST BIRTI	MONTHS YRS.	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.				
o. BIRTHPLACE (STATE OR FOREIGN CHICAGO, ILLNOI	0.0.21.	MARRIEI WIDOWE	NEVER MARRIED DO 9	BALTIMORE CITY OF	COUNTY OF DEA	TH ME				
MI. WASHINGTON	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C 6713 BAYTHOF	NE ROAD		20. USUAL OCCUPATION OF THE OF WORK FOR MOST OF SELF EMPLOY	WORKING LIFE)	RETING & OR BLIC RETAT				
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FATHER'S NAME FIRST MILTON		VEN	15. MOTHER'S MAIDEN NAME ESTHER	MIDDLE		COHN				
60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRES	SS					
YES NO OR UNKNOWN) (IF YES, C		14.4371	SUZANNE L. GI	VEN SAME	E AS 13e.					
PART I. DEATH WAS CAUS	18. CAUSE OF DEATH lenter only one couse per line (a) (b), and (c) PART I. DEATH WAS CAUSED BY: Out TO, OR AS A CONSEQUENCE OF Condition if any which									
Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost. PART 2. OTHER SIGNIFICANY	ITION GIVEN IN PA	ART 1(0)								
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ROBERT I. I	All the second second)	PHYSICIAN EX	MEDICAL STAFI		5/23/1983				
230 BURIAL, CREMATION, REMOVA (SPECIFY) CREMATION			EMETERY OR CREMATORY OUNT CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY					

DHMH - 16 50M 4/82

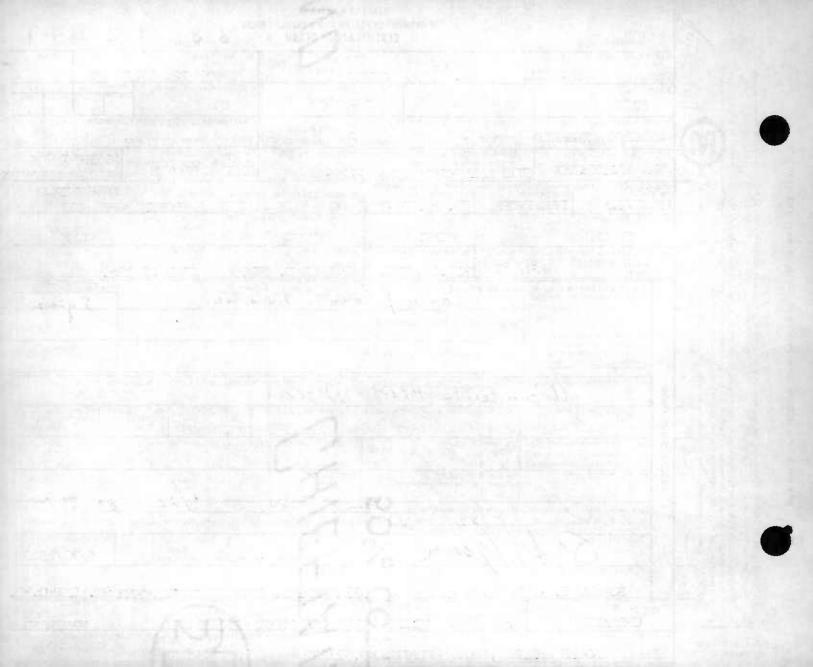
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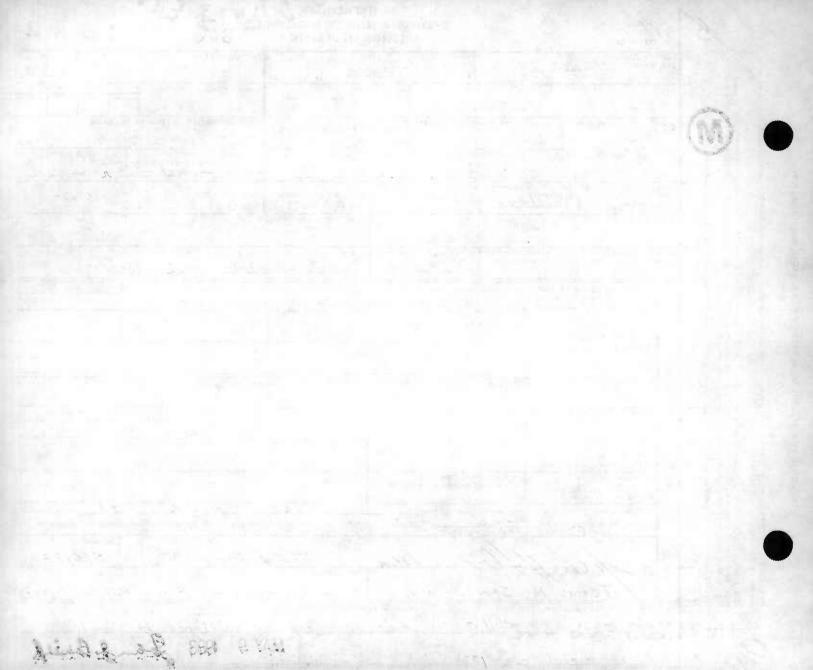
(VRA 15, 4)

FOR

74 FUNERAL DIRECTOR
NAME
WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

250. DATE REC'D. BY REGISTRAR 250-REGISTRAR'S SIGNATURE





Wm C March F/H Inc. 1101 E. North Ave.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

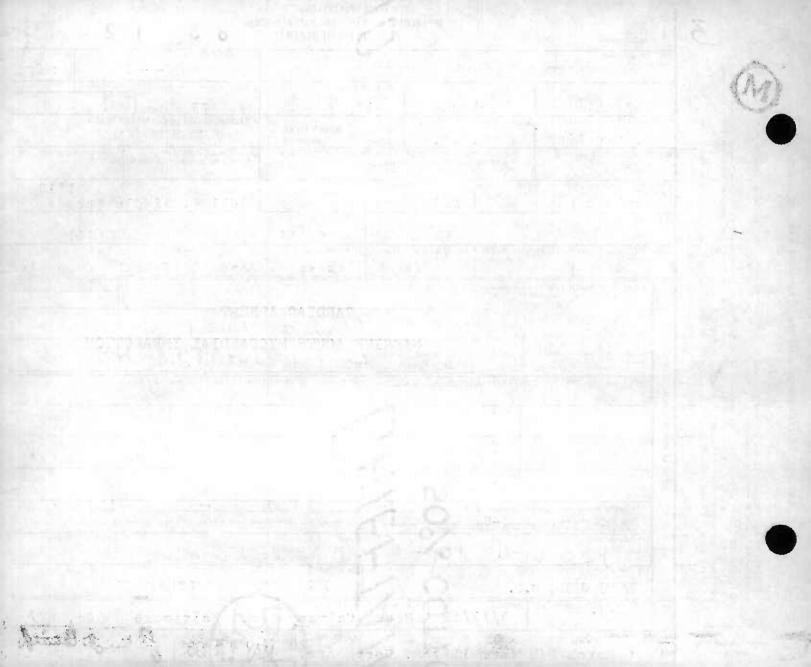
- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. R. C.STRAR'S S



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	8 S REG. N	10.	20	and and	
		CEASED NAME	FIRST		AIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
-	ELENA					GO	DOY	May 24,	1983		4:45Pm	
	3. SE			4. RACE		5. DATE C		6. AGE (IN YEARS LAST B		UNDER 1 YEAR	HOURS MIN.	
		Female		Whi	te	May		86	YRS.			
/		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	R COUNTY OF DEATH		
0			meri	ea C.A		WIDOWE		Baltimor	e Cou	ntv.	MD.	
1		ITY OR TOWN OF DE	ATH	11. NAME OF H	OSPITAL, NI	JRSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	12b. KIND OF	BUSINESS OR	
4	12	21204		1307 E	rook	Meadow	Drive	Homemake	er	Home	9	
5	130. 5	at residence (# NUR state aryland		cimore	13c. CITY OR 212		136. INSIDE CITY LIMITS?		ok Me	adow 1	1204 Drive	
シー	14 FA	ATHER'S NAME		MIDDLE	LAS		15. MOTHER'S MAIDEN NA	ME		LAST		
X,		Cecilio			God	loy	Pilar			Gi	ron	
1	16a V	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS	21204	+	
		NAS DECEASED EVER XES NO OR UNKNOWN) NO	(11 163 014				Rosa D. Go	doy1307 I	Brook 1	Meador	v Dr.	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITION			R AS A CONS		NOT RELATED TO THE TERM		20b. IF YES,	WERE FINDIN	GS USED	
1	TIFIC							YES NO	IN CERTIFY	CERTIFYING CAUSES OF DEATH? YES NO NO		
1		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	T 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCUR		21e. PLACE ((AT HOME, STR		FFICE, FARM ETC }	21f. LOCATION STREET	COUNTY	STATE			
		22a. I certify that (II sow the decease obove, (I) (we) (22b. SIGNATURE	ed olive on	1110	22	19.47.3., or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the comments of the comments	VFF			
		22 d. PHYSICIAN'S N	٤.	PAR	RA			HARFOR	DR	d. 21	238	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	• 00		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
		Burial		May 26,	'83	CrestL	awnMem.Park	Howard	Co., I	Maryla	and	

Loch Raven Blvd

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the

24. FUNERAL DIRECTOR
William I

FOR

E. Johnson8521

ADDRESS

256. DATE REC'D. BY REGISTRAR 256. MAY 25 1983

TO THE MENTINE DESCRIPTION OF THE PROPERTY OF THE MENTINE WAS ASSETTED THAT THE PROPERTY OF TH TOO TO THE SHEET SHEET STORE OF THE SAME O . 100 co. 100 Markey to the Committee of the control of the contr Istis Bouth St. Land Control of the Contro

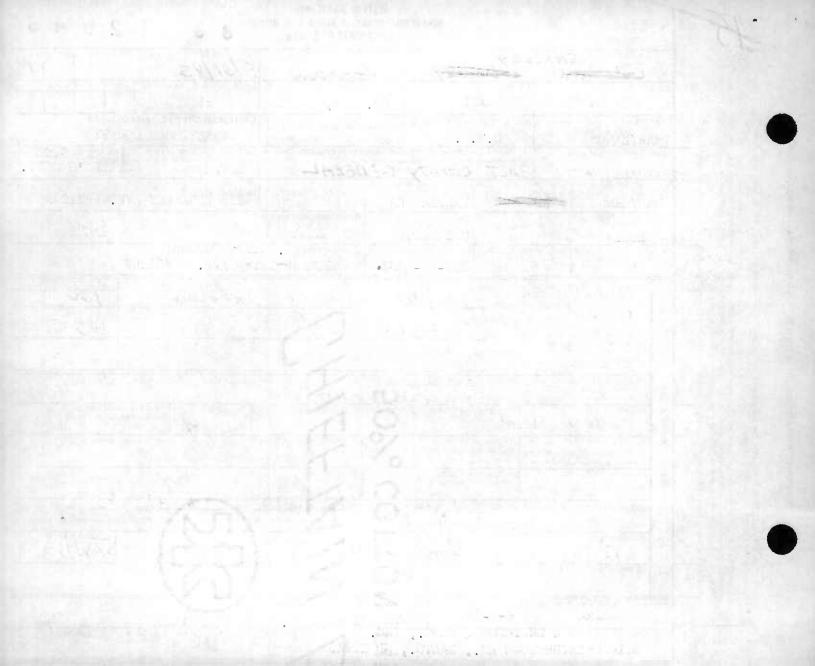
6010 REISTERSTOWN RD., BALTO., MD 21215

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH S REGISTRAR FIRST DECEASED NAME 20. DATE KNOWN TO (TYPE OR PRINT) OF ESTI-**JOSEPH** DEATH MATED JOHN GOTTLEIB JR. 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED DEAD WHITE 13 MALE 03 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED MARYLAND 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! RESTAURANT BALTO, HGLDS. OWNER OHIO AVENUE, 21227 JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? 13a STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 2905 OHIO AVENUE, 21227 YES [NO X MARYLAND BALTIMORE BALTO. HGLDS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST OPEL JOHN COTTLEIB SR. MARY 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 21227 (IF YES, GIVE WAR OR DATES) DIVISIO 2905 OHIO AVENUE YES WW II 213-01-2298 ELIZABETH GOTTLEIB 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which OTASTATIC gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING LEAUSE OF DEATH 1045 P.M. 21e PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. WHILE AT WORK 22e I certify that I took charge of the remains described above, held an Autopsy and in my opinion deoth resulted from Accident V Hamicide Undetermined monner Suicide PAGE 4 SHOULD
TO FUNERAL DIRE
AFTER DEATH, WITH
BALTMORE, MARYL SIGNATURE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CEDAR HILL PK. MARYLAND BURIAL BROOKLYN 05-28-83 24. FUNERAL DIRECTOR 21229 **DHMH** - 17 (VR A15 ME (5)) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

15M 7/76

	1-	FOR STATE REGISTRAR	DI	PARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL FICATE OF DEATH	HYGIENE 8	Keg. NO.		2 0	47
n.f		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE		HINOI	DAY YEAR	2b. HOUR
ago			1 V 17		-RAY	34 1	MAY	4	1983	5:20
A MA	3. SE		RACE	5. DATE (YEARS LAST BIRTH	DAY)	MONTHS DAYS	HOURS MIN.
12 /	Zo BI	Female RTHPLACE (STATE OR FOREIGN 7	White	10	6 0'	7 75	000 0000	YRS.		
BE 825		OUNTRY)	U.S.A.	MARRIE	D NEVER MARRIED		ORE CITY OR		E CO	115 TV
10		7.1	1. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120. USUA	LOCCUPATIO ORK FOR MOST OF V EWIFE	N	12b. KIND C	OF BUSINESS OR
100	13a. S	Md. 196 COUNT	1.00.0	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMIT YES XX NO	13e. STREE	ADDRESS IN . Char	Balt:	imore, I	Md. . #21229
omplet ond		John	For	rrest	15. MOTHER'S MAIDEN FIRST Rose	NAME	WIDDLE		Germ	ST
s. Pages		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!	11 SECURITY NO.	Miss. Rose		pel ^{ad} eres Gray		#21229	to., Md.
d by the attending physici lease remove carbon paper ial, cremation, or removal. or ather traumatic event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED HAVE DEATH WAS CAUSED OF THE DEATH WAS CAUSED	BY:	NSEOUENCE OF					APPROX BETWEEN	IMATE INTERVAL CASET AND DEATH
y. Y.	TION	PART 2 OTHER SIGNIFICANT CO				TERMINAL DISEA	SE OR CONDI	TION GIV	VEN IN PART 1	a ^a
e has be sit permit grene pringlene	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO		20a AUT YES []	NO	IN CERTII YE	S, WERE FIND IN FYING CAUSES ES	
	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER N	ATURE OF INJURY	IN ITEM 18	PART I OR PART 2)	
the and and ked o	WED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
se as se as eaith s mort		220 I certify that (I) (this hospito	I) attended the deceased	from	D 19 X	SO to	2 ~	9	10	that (I) (we) last

TO FUNERAL DIRECTOR: shauld be detached for us with the State Dept. of Hea OR ATTER etained by the haspita TO HOSPITAL BP.

MPORTANT: If Item 21

Burial Schwab (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

23b. DATE May 7,1983

view the body ofter death

23c. NAME OF CEMETERY OR CREMATORY Western Cemetery

DEGREE

77e ADDRESS

23d LOCATION
CITY OR TOWN
Balto.

DIRECTOR TPHYSICIAN

MEDICAL

COUNTY

opinion death occurred on the date and hour and from the couses stated

STAFF

STATE Md.

22c DATE SIGNED

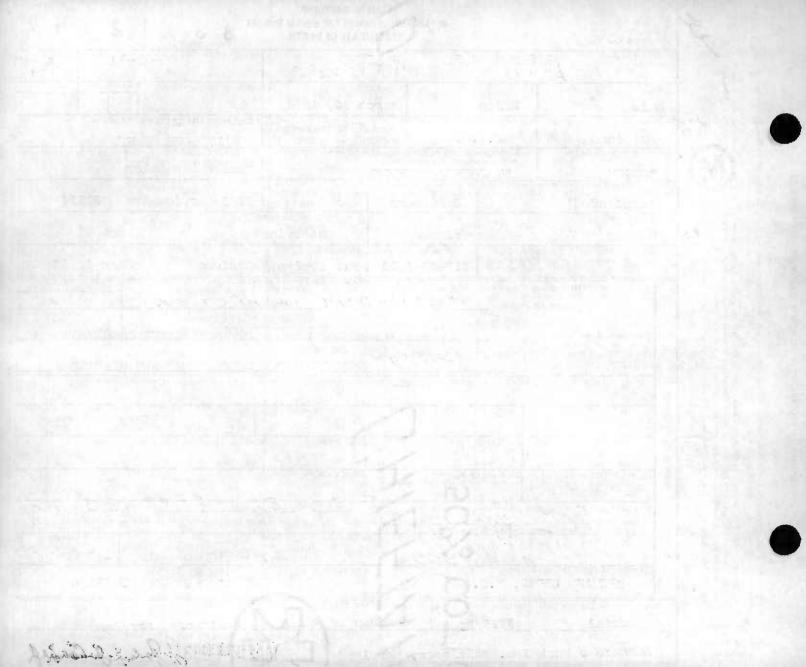
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DHMH - 16 50M 1/81

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DIVISION OF VITAL RECORDS,



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ADDRESS

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

STATE OF MARYLAND

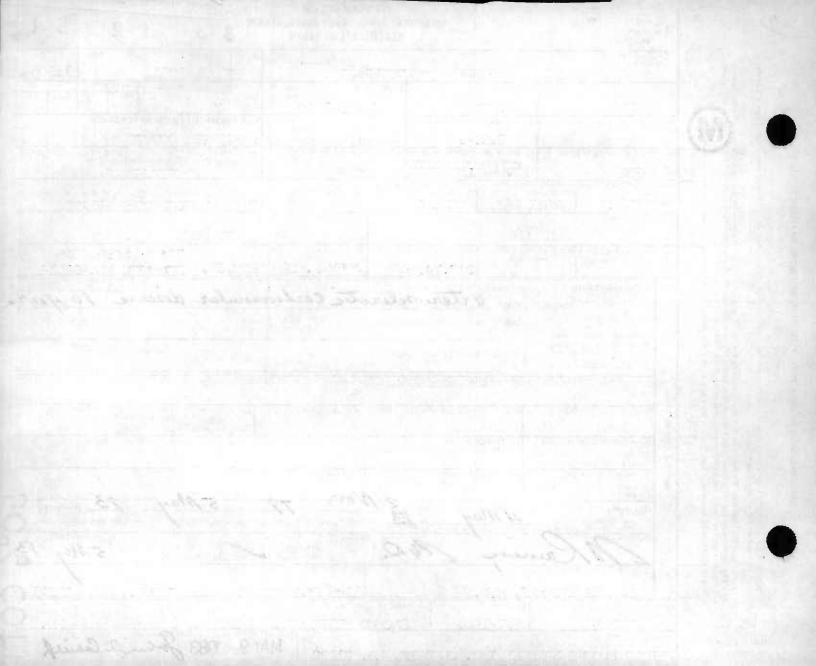
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

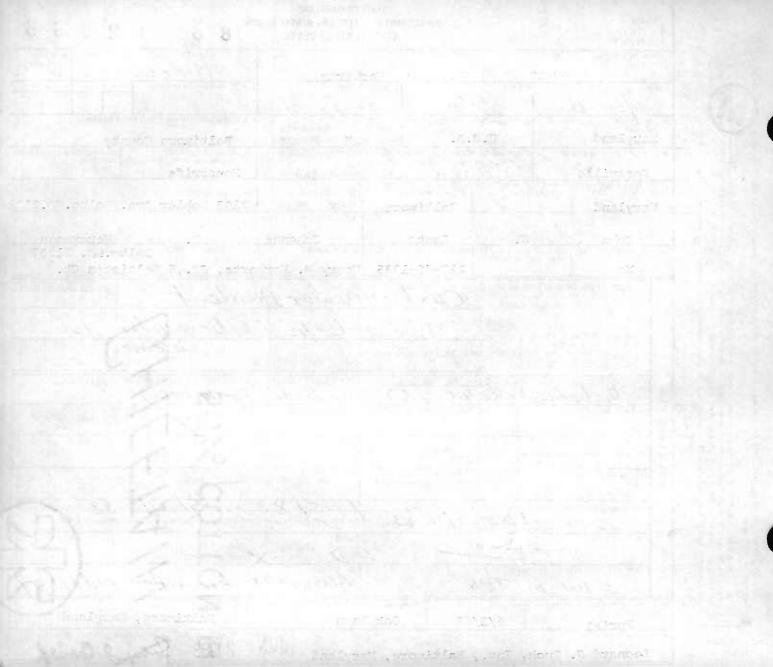


May 17, 1951				
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000	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT		8 5		2 0	5 3
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3.5	1.58)		TWINT	4 RACE	HITCHDI	5. DATE C		6.	AGE (IN YEARS LAST E	/ 0 ~	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female		Whi	te	11	23/12	€ AR	70	YRS.	ONTHS! DAYS	HOURS MIN.
50		THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	2 0	D A NEVER MARRI	9	BALTIMORE CITY		OF DEATH	
2	Ma	ryland		U.S.	Α.	WIDOWE			Baltin	nore Co	unty	M
13	10 CI	TY OR TOWN OF DEA	TH			ING HOME C	OR OTHER INSTITUTE	ON 12	USUAL OCCUPA	TION	12h KIND O	F BUSINESS OF
9	Ro	ssville		n	OF CAPE	12	2550:1/e	2	Accounta		U.S.	Army
5	13a. S	AL RESIDENCE HE NURS TATE ryland	13b COUN	OTHER INSTITUTION NTY Cimore	13c CITY OR TO	PRE ADMISSION)	13d INSIDE CITY LIV		street ADDRESS	r Aven	ue 212	227
2		THER'S NAME			LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE		LAS	
		George		W.	Smit	h	Mae	2	WIDDLE		Unkr	
,		AS DECEASED EVER	IN U.S. AR		166 SOCIAL SEC	URITY NO.	17. INFORMANT			RESS		
	()	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	Unknown	1	Albert J	J. Han	sman 4947	Cedar	Avenue	21227
		18 CAUSE OF DEATH	1 (Enter or	nly one cause per	r line for o), (16), g	ind (2)	,	1		_	BETWEEN	MATE INTERVAL
		PART I. DE ATH W		Ď BY: TE CAUSE (0)	Als	her	mer's	dise	ease (Severe) 4	28.
77	1	3310	MACOIN		R AS A CONSEQ	LIENCE OF					0	1515
		Conditions, if ony,	which	((b)	N AS A CONSEG							
		gove rise to imm	rediote		R AS A CONSEQ	LIENCE OF		160				
		underlying cause	last	(()	M AS A CONSEG	02,102,01						
	z	PART 2. OTHER SIGN	IFICANT (CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMINA	AL DISEASE OR CO	NDITION GIVE	EN IN PART 10	a ·
	CERTIFICATION	19g. DATE OF OPERAT	ION	LIGH COND	ITION FOR WHIC	HOPERATIO	N WAS PERFORMED		20a AUTOPSY?	70h IF YES	, WERE FINDIN	VGS LISED
/	FIC	IN DATE OF OPERA	1014	190 COND	THORY OR TYTHE	IT OF EKATIO	N N AS I EN ONMED		\	IN CERTIFY	YING CAUSES	OF DEATH?
~	ERTI	21a. ACCIDENT WAS UND	ERIVING F	7 21b. TIME C	OF INJURY		121r HOW IN JURY	OCCURRED	YES NO			NO []
1		OR CONTRIBUTING	AUSE OF DE	ATH HOUR A	M. MONTH	DAY YEAR			The state of the		, , , , , , , , , , , , , , , , , , , ,	
	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE			.M. OF INJURY	19	211. LOCATION					
	ME	WHILE NOT WH	ILE [REET, FACTORY, OFFICE	FARM ETC)	STREET		CITY OR	TOWN	COUNTY	STATE
	1	AT WORK AT WO	k -	Well again to the	no donos:- J f		1/6/	£3	. 5	121	104 3	that. (12-1-1-1) 1-
		22a. certify that (1) sow the decease	d alive on	S	13/19	A - /	nd that in (my) (our)	opinion der	oth occurred on the	date and hour	ond from the	causes stated
		above, HT(we) (c	lid) (did n e	view the body	ofter death.		DECREE				22c. DATE	
	100	226. SIGNATURE	NE	##m		N	- D - ATTEN	IDING ICIAN		AFF SICIAN []	5/	13/83
T	1	22d PHYSICIAN'S NA	ME (TYPE O	OR PRINT) TU	Kel		2110 P	ot 51	pring &	vad	med 2	4093
	23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	CTAVE
		Buria]		5/5/8	33	Loudon	Park Ceme	etery	Baltimo	ore	COUNTY	Maryla
		JNERAL DIRECTOR			ADDRESS		4-44	25a. DATE R	RECORD BY REGISTRA	AR 256 ABGIST	RAR'S SIGNA	JRE •
	Hu	bbard Fune	ral I	Home, Ir	ic. 4107	Wilker	ns Ave.	MAI	12 m 1000	134	man c	muy

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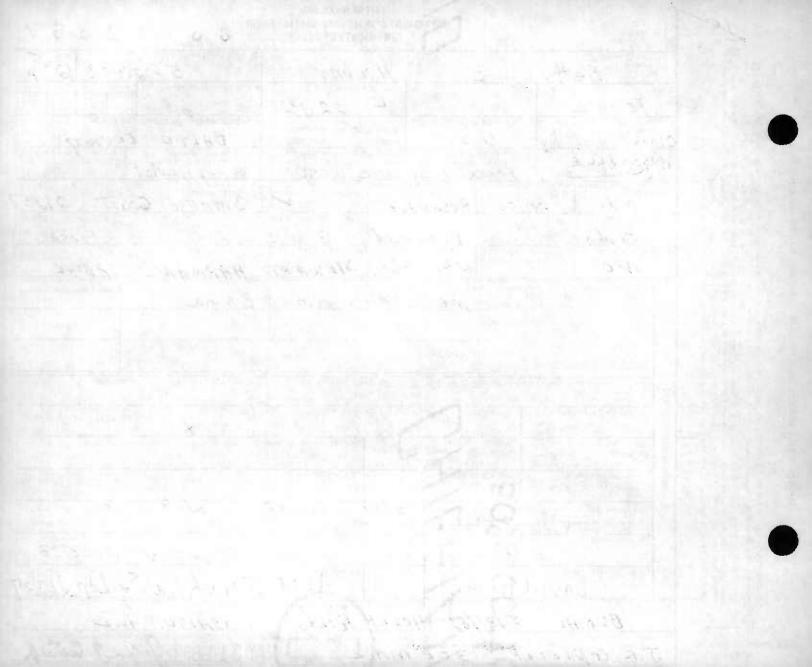
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Leonard J Ruck Inc. Baltimore, Maruland

(VRA 15, 4)

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	1.	STATE	MEDICALI	EXAMINER'S C	AND MENTAL H	EDEATH 7	1 0	13 6	Q
	1.0	REGISTRAR ECEASED NAME FIRST	MEDICALI	EXAMINER 3 C	LAST	9 9 "	EG. NO.	U D	C)
		YPE OR PRINT)				OF EST	WN MONTH		b HOUR
2822E		Mary	Elizabeth		larris		ED May		4p,
#25 B	3. SI		5. DATE OF BIRTH MONTH DAY JUNE 6 1906	6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH		d HOUR
0.200 A	1	Female White		76 YRS.		DEAD	May		4р м
SEE SEE		BIRTHPLACE (STATE OR COREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8. MARRI	ED NEVER MARRIE	D	CITY OR COUNT		
AN 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0	Penna.	U.S.A.	WIDOW			nore Co		MD
2#8	B 3 1/	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME, OR OTH	ER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LI	N (TYPE OF WORK	12b. KIND OF BUSIN OR INDUSTRY	VESS
3230		Pikesville	Milford Mar			Homemak	ker	Own Ho	me
- 50 M	⊌SL 13a.	JAL RESIDENCE (IF IN NURSING HOME STATE 131 COU	OR OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
1120 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20	Md.	Bal		YES NO	312 Oakd	ale Rd.	21210	
E 42	14.1	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDER	N NAME MIDDLE		LAST	
E S S S S S S S S S S S S S S S S S S S	10	Charles (field	?		Hu	rst	
FOR PACE	1 160.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMANT	AD	DRESS		
Z 45ION	1	No	198	3-12-8590	Robert	B. Patton	Sa	me	
	7	18. CAUSE OF DEATH (Enter of	only one couse per limit for (a) (b)	and (c).)				APPROXIMATE INT	
HIN 24 HO HIN ITEM 1 R ALONG SIT PERMIT HYGIENE,	-	PART I DEATH WAS CAUS	ED BY: ATE CAUSE (0)	uum	oned			Delivery of the	
W. PRESTON ST D WITHIN 24 HC ENCIL IN ITEM AMINER ALONG ETRANSIT PERMI	4	8890	DUE TO, OR AS A CON	ISEQUENCE OF	1 1 00	11.1			149
THIN YEST	EWOVA	Conditions, if ony, whice gove rise to immediate		leved	Left	Les			
W. ENG	REV	couse (o) stoting the unde		SEOUENCE OF	0				
SOT EX. EX.	Ď	lying couse lost.	(c)						
DIVISION OF VITAL RECORDS, 301 SCERTIFICATE SHOULD BE EXECUTE SITING THE WORD. "PENDING" IN Y BOED TO THE CHIEF MEDICAL EX. E 3 SHOULD BE USED AS A BURRAL FOR PARMENT OF HALTH AND M	NO N	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE	OR CONDITION GREEN IN PAR	N(a)		11 -	
BE E LOIN ADIN AEDIGAS A	NA O	STATE OF STA	ASCUR	- 61	4541	Deshelo	Me	Mitus	
REA HEA	BOKEN CREMAN	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION W	AS PERFORMED?	1 1 1		20. AUTOPSY?	LUC
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CATE SI CATE SI HE WO! THE COULD BE	2 8	210 EXTERNAL CAUSE WAS	2Th. TIME OF INJURY HOUR A.M. MONTH		W INJURY OCCURRED	THE HANDER OF INJURY IN	ITEM 18 PART 1 OR PAR	T 2)	1
SION C RTIFICA G THE SHOUL			PI / I	1983 /	ellen	Herson	-Xlane	e Badas	2434
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EX CE	MARY	ACTUAL	all tella	mulle	a hall	Tel	DATE	5/7/8	-3
ICA THE SHC SHC SHC SHC SHC SHC SHC SHC SHC SHC	# 7 J	SIGNATURE		The state of the s	an sella	MEDICAL EXAMINER	SIGNE	2/1/4	
MED CUTE SE 4 FUNI	1	EXAMINER'S NAME Cha	arles F. O'Do	nnell MD	7501	York Rd.	Towso	n. Md.	
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH.	¥8 230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY O		123d LOCATION			
		(SPECIFY) Cremation		reenmount		Balto.	COUN	Md.	
DHMH-17 20M 1/7	73 24.	FUNERAL DIRECTOR		York Rd		EC'D. BY REGISTRAR	REGISTRAR'S S		
(VR AT5 ME (5))		Henry W. Jeni				9 1983	huge	Carried	4
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MPORTANT: If Item 21 is

FOR - STATE REGISTRAR			NT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0.	2 0 5	5 9
1. DECEASED NAME RUS	the 1.	Ann	2	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2h F	HOUR
3. SEX	4 RACE	W HITE	S. DATE O		6 AGE (IN YEARS LAST BIR	RTHOAY) IF U	NOER I YEAR IF UIT	
70 BIRTHPLACE (STATE OR FORE COUNTRY) RUSSIA	7b. CITIZEN OF		MARRIEL WIDOW	NEVER MARRIED XX DIVORCED	9 BALTIMORE CITY S BALTIN	OR COUNTY OF		MD.
BALTIMORE	(IF NOT IN SUC	KESVILLE N	URSI	NG HOME	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFI	DE WORKING LIFE)	26. KIND OF BUS NDUSTRY AT HOME	SINESSOR
USUAL RESIDENCE (IF NURSING 13a. STATE MARYLAND	HOME OR OTHER INSTITUTION.	130 CITY OR TOWN BALTIMOR		13d. INSIDE CITY LIMITS? YES XX NO []	1325 Ref ADDRESS 2537 CLARI	KS LA.	#2121	5
14 FATHER'S NAME FIRST NATHAN	MIDDLE	GORDON		15 MOTHER'S MAIDEN NA TILLIE	WE		MAX	
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURI 215-09-7		17 INFORMANT MRS. 3198 OLD PO	EVELYN SCH ST DR. BA	NIDER, LTO. M		208
Conditions, if any, w	CAUSED BY: MEDIATE CAUSE (a) DUE TO, O nich	100 10	ec	Aryth	mia my	L'ice.	APPROXIMATE I BETWEEN ONSET	NTERVAL AND DEATH
	the ost. DUE TO, O	r as a consequen		1	10			
PART 2 OTHER SIGNIFI				NOT RELATED TO THE TERM				-
190 DATE OF OPERATION 190 DATE OF OPERATION		TION FOR WHICH OI	PERATION		200 AUTOPSY? YES NO	IN CERTIFYING	,	
O MIG. ACCIDENT WAS UNDERLY	ING 216. TIME O	FINJUKT		21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	

19a	DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	DINGS USED SES OF DEATH? NO [
	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH IE EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2)
w	HILE NOT WHILE NORK	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	WN COUNTY	STAT

ATTENDING MEDICAL STATE 22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL (SPECIEY) BURIAL

23c NAME OF CEMETERY OR CREMATORY MAY 29,1983 OHEB SHALOM ME. PARK

21215

RETSTERSTOWN

BALTO.

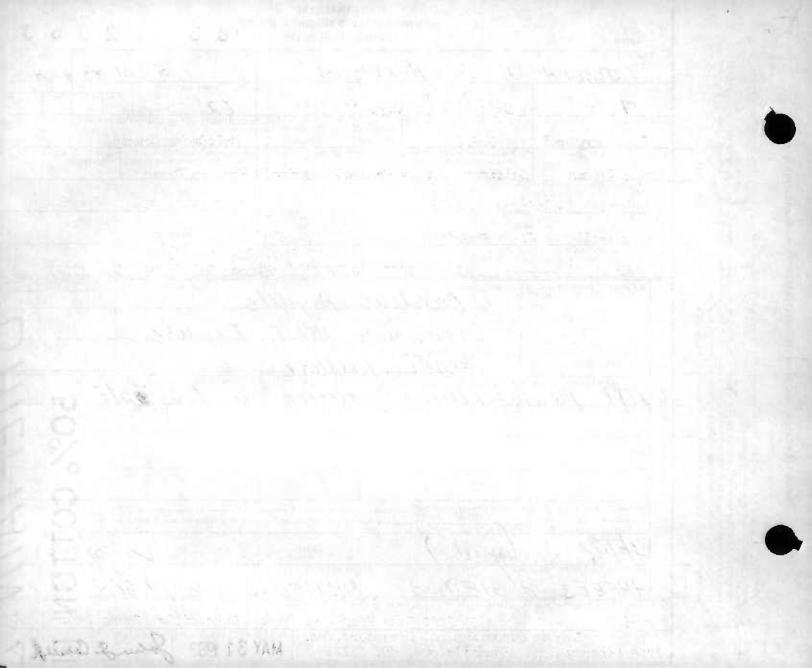
24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC. ERSTOWN RD. BALTORES, MD 2 6010 REISTERSTOWN RD.

23b. DATE

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Carlin Drythamer - 1884 1 CERTAIN THE THE RESIDENCE Assistant the second of the second se And the second s



-8	1	FOR - STATE REGISTRAR		DEPARTA	NENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0.	20	6 1
nay be page 3 er death		CEASED NAME FIRST FOR PRINT!	HAYES	MIDDLE	3	AST		монтн да	18!8B	A 200
tor, page	3. SI	x Male	4 RACE Whit	e	5. DATE O	DF BIRTH 11 7 1928 YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	UNDER 24 HRS
S ME	7a. E	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE WIDOWS	DENEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY C	R COUNTY O		MD.
s of		OWS ON	6701 N	HOSPITAL, NURSIN CHARLE CHARLE	G HOME (GBMC	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ASSEMBLE:		126. KIND OF EINDUSTRY Genera	
filled in nauld be	13a.	AL RESIDENCE (IF NURSING HOW OF STATE INCOUN Maryland Hari	OTHER INSTITUTION ATY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Abingdor	N	13d. INSIDE CITY LIMITS? YES NO	13; STREET ADDRESS 709 Hooke	s Mill	Rd.210	109
completely 1 and 2 sh	14 F	ather's name Jason Haj	MIDDLE 7es	LAST		15. MOTHER'S MAIDEN NAM		Hits.	LAST	
on and co	160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	227 28 (17. INFORMANT Georgia Hayes	ADDRE Wife	Same		
equires that the death certificate in signed by the attending physici. Then please remove carbon paper to buriol, cremation, or removal. injury, or other traumatic event, the injury, or other traumatic event, the content of the con	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((b) DUE TO, O	R AS A CONSEQUE	NCE OF	LL CA OF LU		DITION GIVER	V IN PART 1(a)	
has been prior	RTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, YES	WERE FINDINGS NG CAUSES OF	S USED DEATH?
ter this certificate is the burial-transit and Mental Hygie had a like of a	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER COLOR TO COLOR T	HOUR A. P. 21e PLACE	M. MONTH DA	19	216 HOW INJURY OCCURR 216 LOCATION STREET	ED (ENTER NATURE OF INJU		(OUNTY	STATE
TO FUNERAL DIRECTOR After should be detached for use os with the State Dept. of Health of MAPORTANT. If Item 21 is mark		27a. I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE O DR. N.L.	MAY t) view the body Authority	ofter death.		APRIL 2,5 83 and that in (my) (our) opinion of DEGREE M. D ATTENDING PHYSICIAN 22e. ADDRESS GBMC	MEDICAL STAI	F > c		
를 으로 등 볼 ***** 3P		BURIAL, CREMATION, REMOVAL	23b. DATE 5/21/	183 Be	AME OF C	EMETERY OR CREMATORY Memorail Gard	23d LOCATION lens CITY OF BELLA:	ir, Md.	COUNTY	STATE
MH - 16 50M 4/B2 (VRA 15, 4)	8110	edzinski Funera	1 Home	PA 1487	ld E	astern Ave MA	REC'D. BY REGISTRAR	25 GEGISTRA	AR'S SIGNATUR	ich

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	Win , will	H HISTORY ON		811-2011	
	√ ≯Hill.	90 00 1190	717.02		
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		OMES =		F 12 4 - 4	ng .

6500 York Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER LYEAR

INDUSTRY

YES [

25a DATE REC'D. BY REGISTRANILY BEGISTRAN SHIPS

IF UNDER 24 HRS

-04

NO F

77r. DATE SIGNED

126 KIND OF BUSINESS OR

FOR

REGISTRAR

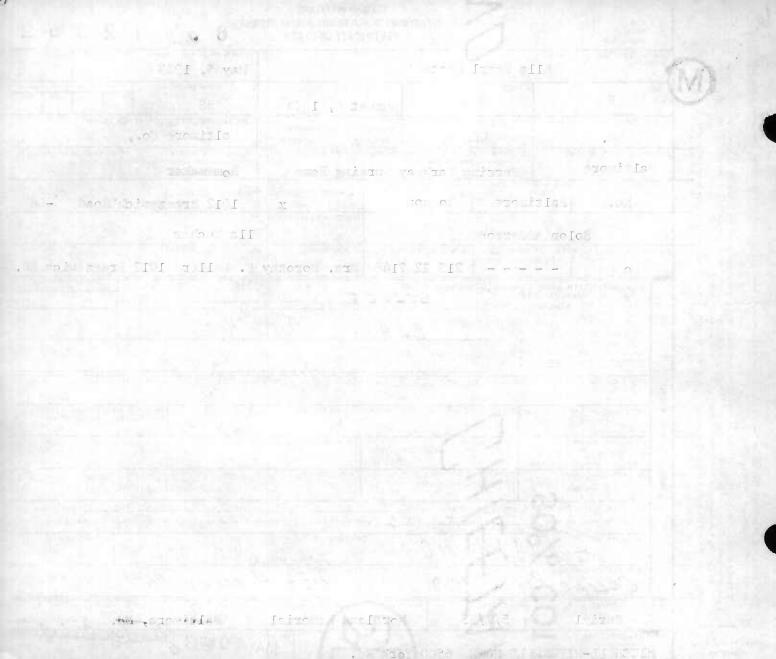
24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME

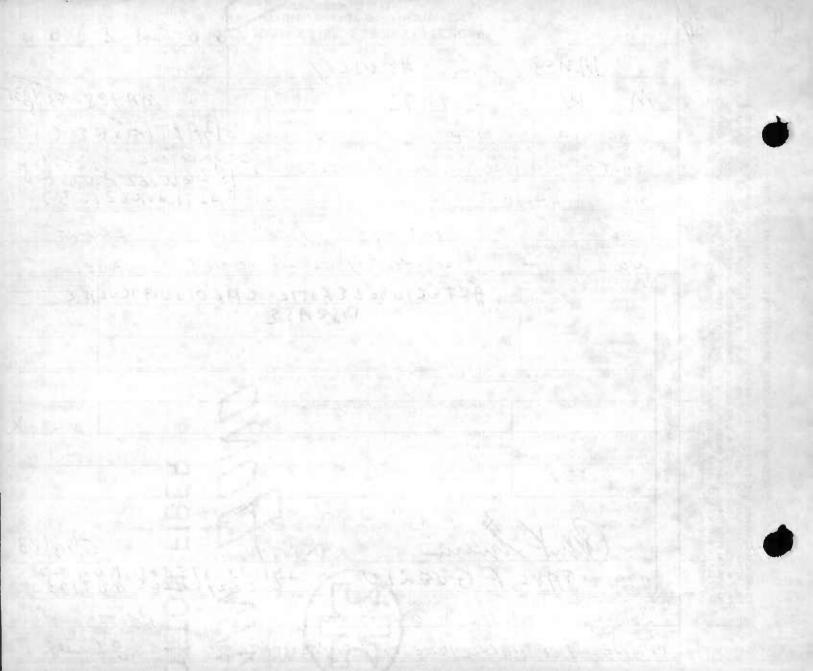
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(VRA 15, 4)

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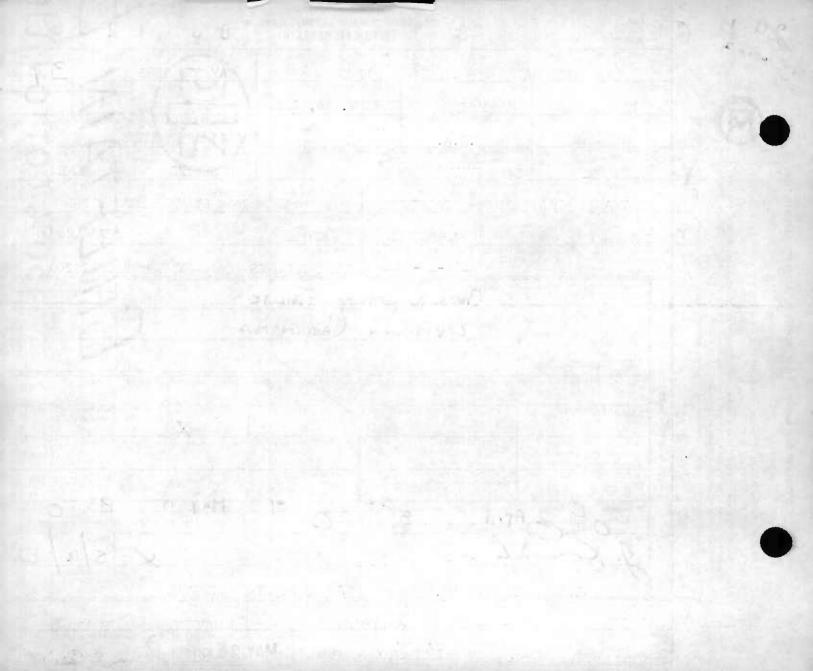
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			CEASED NAME E OR PRINT)			MIDDLE		LASI	Za. DATE OF	KNOWN A	ONTH DAY YE	AR 26 HOUR
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	PLEASE ECTOR. FILES. HOURS	2 (5)			DATE OF BIDTIL	1 ACE ON	J I III	DEDO VO LIETUJOSE	0.11100 0 0.10	- 440		AR 2d HOLIR
	50 E 5 E	3. SEX	4 RACE		DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONTH	DER YR. IF UNDER	MIN. PRONOU	C		AR 2d. HOUR
	×25 € S		MIL	1/	4 15	1911 77	rRS.	IS DATS HOURS	DEA	MA	428 198	3 1875 M
	A LONG	7. DI	RTHPLACE (STATE OF	76	CITIZEN OF WH		Ta.		O DAITH	MODE CITY OF C	OUNTY OF DEATH	
1	SSA RES		REIGN COUNTRY)	70.	CITIZEIA OF WE	IAI COUNIRT?	MARRI	ED NEVER MARR	IED [1 / CHIOK C	DON'T OF BEAT	
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	PELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N. PAGE 5. FOR YOUR FILES. BE FILED. WITHIN 72 HOURS DS. 20T W. PRESTON STREET,	10 C	TY OR TOWN OF DEA		NAME OF HOS	PITAL, NURSING HOM		- P	120 USUAL OCCU	JPATION (TYPE OF V	VORK 1126. KIND OF	BUSINESS
-1	のの発見の言葉の				(IF NOT IN SUCH FAI	CHITY, GIVE STREET ADDRESS				104TYPRS	PORJNDI	ISTRY = D
1	S. P.		BALTO		1826 h	JILLANN 1	KO.	21237	107	1	1601	100
3			L RESIDENCE (IF IN NUR		HER INSTITUTION, GI	E RESIDENCE BEFORE ADMIS	SION)		186	0 W/11	ANN	1
20	AND AND SECOND S	13a S	TATE 2	136. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDE		0) 10 7	7
21201	A M S S S S S S S S S S S S S S S S S S		MD	BAL	TU	RESEDALE		YES 🔲 NO 🔣	BAL	11 more	12/2)	/
o o	AL S. 3.2.	14. E/	THER'S NAME					15. MOTHER'S MAID	ENNAME			
2	DEATH.		FIRST	MI	IDDLE	LAST		FIRST		MIDDLE	O LAST	Add William
- W	ASSTAT	,	JAMES			HENSLE	4	VIRA			DRY ANT	
Q	A A A A A	16a V	VAS DECEASED EVER			166. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS	7	
1	E P C S C	{Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	1.1.0 .0	=, ,	= 2)	. / m m	,	ALC: NO.	
BALTIMORE, MD.	URS AFTER DEATH 1B. GIVE PAGES 1, 1B. GIVE PAGES 1, AIT. PAGES 1 AND 2 E, DIVISION OF-VIT.		NO	-	•	403-09-	5614	EDWARD)	HENSLEY	5	AME	
	UTED WITHIN 24 HOURS IN PENCIL IN TEM 18. (EXAMINER ALONG WI 14AL - TRANSIT PERMIT. F) MENTAL HYGEINE, DIN, OR REMOVAL.		18 CAUSE OF DEATH	H (Enter only or	ne couse per line	for (a), (b), and (c).)			7		APPROXI	NATE INTERVAL
ST	DEOSH.	0.00	PART I DEATH W	AS CAUSED BY	A	7+10 0	CLE	ROTIL	CARD	MUASO	ULAR	NSEI AND DEATH
Z	N 24 HOUND ITEM II ALONG SIT PERMIT HYGIENE, AOVAL.	1	4797	IMMEDIATE C			-		CHIPVI	00.00	150	
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er m	ELS SES		Conditions, if o					3 4 5 6				
<u>a</u> .	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		gove rise to		(b)							
3	A STA		lying cause last.	the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
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v)			BART 2 OTHER CICHICICANT	CONDITIONS CONT		BUT NOT RELATED TO THE TES	AND AL BASE ASS					
DIVISION OF VITAL RECORDS,	D BE EXECTENDING" MEDICAL AS A BUI EALTH AN CREMATI	-	PART 2 VITTER STORTFERMI	COMPITIONS COM	NISUTING TO SEATH I	BUT MUT KELATED IN THE IER	MINAL DISEASE	OK CHMUITION GIVEN IN PA	IKI I sal.			
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ex m	PAN A A D	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOF	SY?
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F	A MENT	1 5	21a EXTERNAL CAUS	SE WAS	216. TIME OF			OW INJURY OCCURRI	D LENTER NATURE OF	VJURY IN ITEM 18 PART 1	OR PART 2)	
9	SHEENE SEE		UNDERLYING U			MONTH DAY YEA	AR .					
ō	ART OF TANK	0	CONTRIBUTING					-				
/18	CERTIFICATE SHOULD STRING THE WORD "PER RDED TO THE CHIEF M ET 3 SHOULD BE USED A EDEPARTMENT OF HEA DI PRIOR TO BURIAL, C	MEDICAL	21d. INJURY OCCURR			OF INJURY (AT HOME,		CATION	CITY OR T	2000	COUNTY	STATE
5	SECRET	Σ	AT WORK AT W	WHILE	SIREET, FACT	ORT, PARM, E(C.)		TREET	CITORI	JWN	COUNTY	SIAIE
	NER: THIS CERT CATE, WRITING FORWARDED TOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRI		AT WORK AT W	ORK								
	L EXAMINER: 1 E CERTIFICATE, DUID BE FORV L DIRECTOR: PH, WITH THE SI MARYLAND, 3		22a I certify that I	took charge of	the remain des	cribed obove, held on	Autop	sy . Inspectio	in Inquir	ond in	my opinion	
	MA SOSES			1	1 IX						,	
	EXAMI CERTIFI ULD BE DIRECT WARYL		death resulted from	Notypi	dutes 1	Accident L., S	uicide	, Homicide	Undetermined n	nonner [1	
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	₹ SHEEF		(TYPE OR PRINT)	11100	-/) 0 2 4 1	,0	ADDRESS C	ICKEYS	ULLEZ	M(1) 2/0	30
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	73a B	URIAL, CREMATION, RI	FMOVAL 23h	DATE	23c, NAME OF CI			23d, LOCATION			
		(PECIFY)		1 100				CITY OR TOWN	1	COUNTY	STATE
	BP		BURIHL	6	11/83	ORIL	LAW			13A	12-115	MD.
		24 F	UNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTR	AR 256 REGISTRA	AR'S SIGNATURE	
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(VRA 15, 4)

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0	2 1	1.05	REGISTRAR CEASED NAME	FIRST		MIDDLE			ICATE OF DEAT		0	REG. NO		(Cod)		
0/ :	26		OR PRINT)		100	WIDDLE				2	a. DATE OF			DAY YEAR	2b. H	IOUR
1	deo	3. SE		REND	4. RACE			5. DATE C	ESS		MAY AGE (IN YE	17,		IF UNDER 1 YE	AR IF UN	PM
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-/1	THE STATE OF	70.0	FEMALE RIHPLACE (STATE OR FO		CAUCA		LITDV2	SE.	PI. 26, 1			6	YRS.			
	A1 32	70. 0	COUNTRY)	KEIGN			3		NEVER MARR	RIED L				OF DEATH		
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RYL withi	4 2 s	14. FA	THER'S NAME FIRST	,	MIDDLE	LA	ST		15 MOTHER'S MAI	IDEN NAME		WIDDLE			LAST	
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ORE,	Poges		VAS DECEASED EVER IN		MED FORCES?	16b. SOCIA			17. INFORMANT			ADDRES	is.			
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BAL	ysicie oper vol. t, th		18 CAUSE OF DEATH			line for (61,	(b) and	(c),)	6			14		APPR BETWE	OXIMATE IN	NTERVAL AND DEATH
ST.,	on pho emo		PART I. DEATH WA		E CAUSE (a)	AROLO	Ker	PILAL	DRY TA	ILUTE			200			
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ZEST deo	otte otion roun	10	Conditions, if any, gave rise to imme	which	(b)_	OV	TKI	AN	CARCII	MOM	1					
V. Pr	the remo		cause (a), stating	the	DUE TO, C	R AS A CON	ISEQUEN	ICE OF								
hot	d by the ottendin lease remove corb ial, cremation, or or other troumotic		underlying cause	last.	(c)_						200		V-1-18			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.	signe hen p o bur jury, d	Z	PART 2. OTHER SIGNI	FICANT C	ONDITIONS C	ONTRIBUTIN	G TO DE	ATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE	OR COND	ITION GIV	EN IN PART	1(a)	
SON Y	1:1:7	CERTIFICATION	190. DATE OF OPERATION	ON	19h COND	ITION FOR V	VHICH O	PERATIO	N WAS PERFORMED		20a AUTOI	PSY?	20h JE YES	, WERE FIN	DINGS II	SED
<u>0</u>	a 918 /	FIC										29	IN CERTIF	YING CAUS	ES OF DE	EATH?
ITAI	Sicio	ERT	210. ACCIDENT WAS UNDER	RLYING	21b. TIME (OF INJURY			21c. HOW INJURY	OCCURRED		IRE OF INJURY		S CORPARIO) []
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a Z	Afte os olth morl			his hosnit	al-attended t	he decensed	from	at	10	81	MA	4 1	1	10 83	show!	(we) last
EN Z	or us or us of He	10	220.1 certify that (1) to saw the deceased above (1) (we) (did	alivean	April		198	3_, an	d that in (my) (our)	opinion dec	th occurred	on the dat	te and hou	r ond from t		
A A TA	REC ned from the spt. of the s	-	22b. SIGNATURE	did not	view the body	atter death.			DEGREE						ESIGNE	1
C o	the Directory in Fig.		(). Kan	me	nh	mi			ATTEN		MEDICAL	STAFI		5	18/	83
PITA	by Sto day		271. PHYSICIAN'S NAM	AE (TYPE OF	R PRINT)				22e ADDRESS	ICIAN [] L	JIKECTOR L] PHISICI	AIN	10/	101	02
HOSPIT	TO FUNER should be o with the Sto		TAC	OD D	OTMENICO	TH MD			JOHNS H	JODVIN	S HUS	DTTAI			. 19	
9	or or sho or sho	23a E	URIAL, CREMATION, RI		OTMENSO 123b, DATE	IT IVID.	23c NA	ME OF C	EMETERY OR CREM		23d. LOCA					
- 1	BP		SPECIFY) BURIAL		5-20-	07				·	CITY C	RIOWN		COUNTY	77 43	STATE
	MH - 16 50M 1/B1	_	INERAL DIRECTOR			IMORE,		RLIN		25a. DATE R		GISTRAR 2		MARY RAR'S SIGN	LANI ATURE)
	(VRA 15, 4)	so	L LEVINSON	& RRO	OS. 601	O REIS	TERS	TOWN	12		251		0	9.		. ,
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Baltimore, Maryland

FOR

24 FUNERAL DIRECTOR

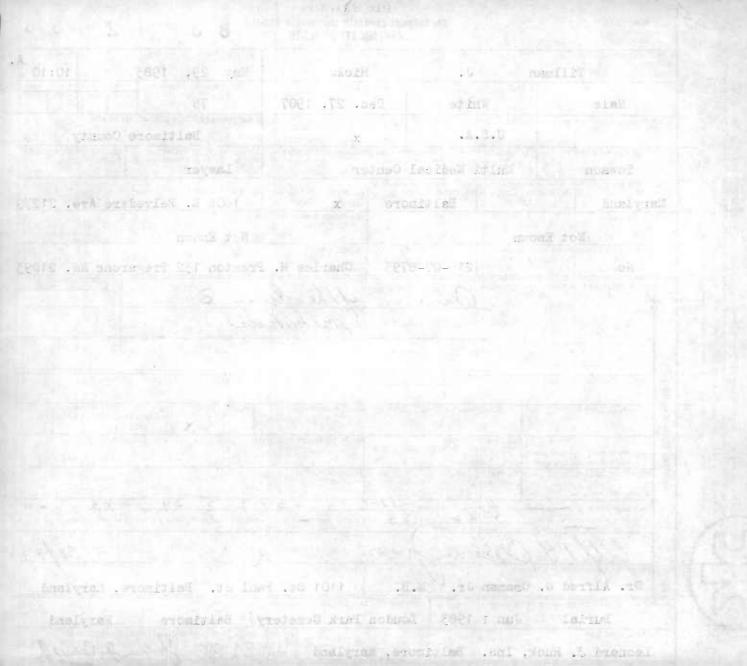
Leonard J. Ruck, Inc.

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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MPORTANT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINT 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH White March 22, 1902 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED CONEVER MARRIED West Virginia U.S.A. Baltimore WIDOWED DIVORCED County 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Randal Istown Baltimore County General Hospital Clerk-I.R.S. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY 13e. STREET ADDRESS Mary Land Baltimore Rockdale 3403 Ripple Road YES 🗌 21207 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Moore Lawrence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Mr. W. Morgan Hinebaugh (YES, NO OR UNKNOWN) 3403 Ripple Road Baltimore, Maryland 21207 No 218-18-9002 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c),)
PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

DEGREE

22e ADDRESS

CITY OR TOWN COUNTY

STATE

220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 3.
abave, (1) (we) (did) (did nat) view the body, after death

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN |

221 DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

210 ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

> NOT WHILE AT WORK

THE PHYSICIANIS NAME (1995 OF PHEC)

21b. TIME OF INJURY

Park

23b. DATE

23¢. NAME OF CEMETERY OR CREMATORY June 1, 1983 Lake View Mem.

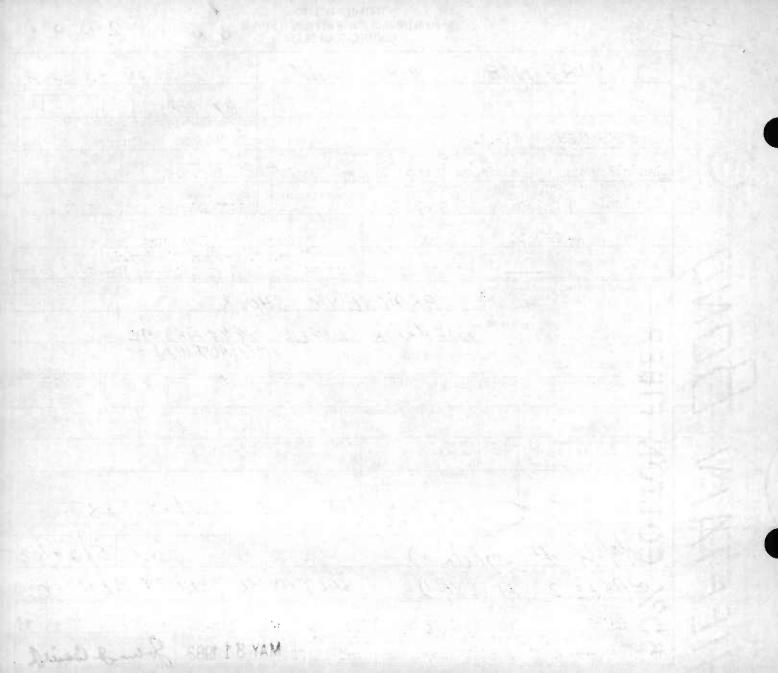
Sykesville

Carroll Mary land

DHMH - 16 50M 1/81 (VRA 15, 4)

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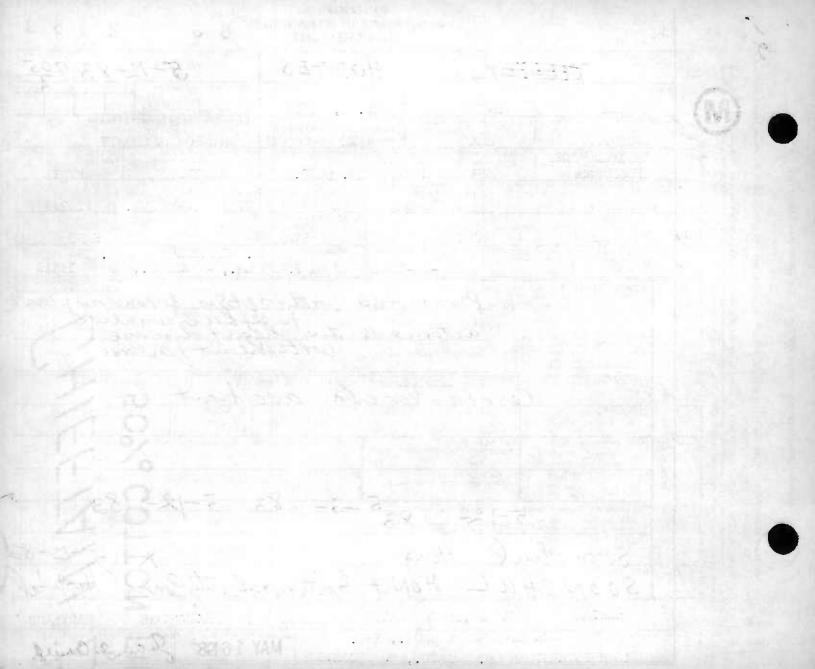
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133



21215

6010 REISTERSTOWN RD. BALTO, MD.

(VRA 15, 4)



Mav

12b. KIND OF BUSINESS INDUSTRYChurch Social Worker Children's Hom 2305 Pot Spring Road, #21093 Berry Timonium, Md. 217-12-7446 Mrs. Virgie H. Pippen 2305 Pot Spring Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE PAWCREAS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 5820 York Road, Baltimore, Md. 23a BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY Burial 5/14/83 Lorraine Park Cem. Woodlawn, Balto. Co., Mary-Martin D. Lawson 10, W. Padonia Rd., Timonium MA

FOR - STATE

TYPE OR PRINTS

STATE OF MARYLAND

20 DATE OF DEATH

1983

IF UNDER TYEAR

26 HOUR

11:2

IF UNDER 21 HRS

REGISTRAR DECEASED NAME

Virgie

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Hoffa

DHMH - 16 50M 1/81 (VRA 15.4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTI FANNIE 02 HOHMAN 05 83 1:45P 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 25,1892 Femele White Nov. 90 BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA BALTIMORE COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON GREATER BALTO. MEDICAL CENTER Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3414 Cardenas Ave. 134 INSIDE CITY LIMITS? 21213 Mary land Baltimore YES X NO [14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Edgar Carpenter Mary E. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT LIF YES, GIVE WAR OR DATEST Maryland Masonic Home Cockeysville, Md. 217-20-9801 A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION 4 DAYS IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DAY YEAR

21f. LOCATION

CITY OF TOWN

and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated

NOX

COUNTY

83

STATE

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATOR

FOR

224. PHYSICIAN'S NAME (TYPE OF PRINT) MARY MANDERS, M.D.

4729

DEGREE

22a ADDRESS

ATTENDING

PHYSICIAN

83

MEDICAL

22c. DATE SIGNED DIRECTOR PHYSICIAN X

YES [

(VRA 15, 4)

230, BURIAL CREMATION, REMOVAL 23b. DATE Burial

May 5.1983

HOUR A.M. MONTH

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

P.M

21e. PLACE OF INJURY

23c. NAME OF CEMETERY OR CREMATORY

19

83

GBMC - 6701 N. CHARLES STREET 21204 234 LOCATION CITY OF TOWN

1983

DHMH - 16 50M 4/B2

MPORTANT:

8

24. FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 MAY 5

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

214. INJURY OCCURRED

ADDRESS 6500 York Rd.

Oaklawn

Baltimore. BaltimoreCo.

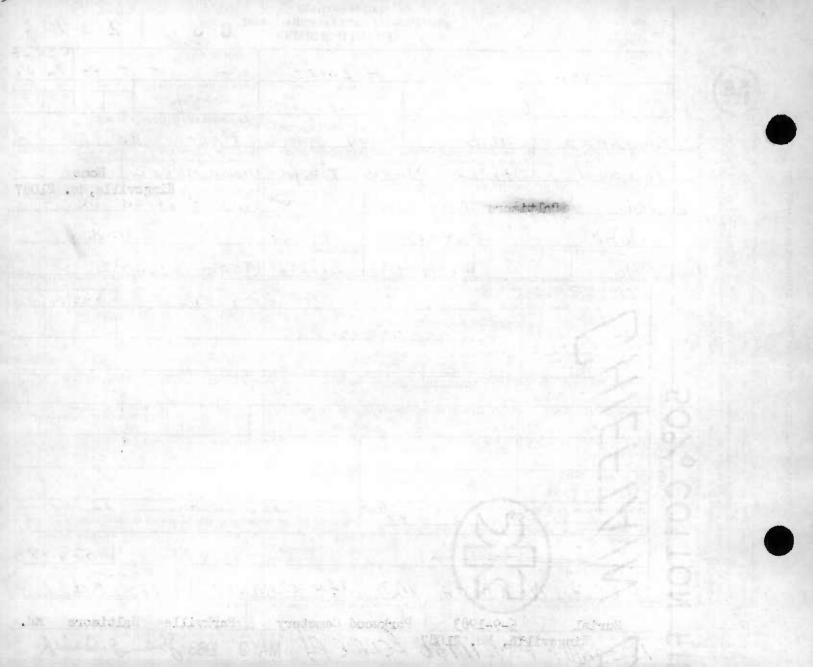
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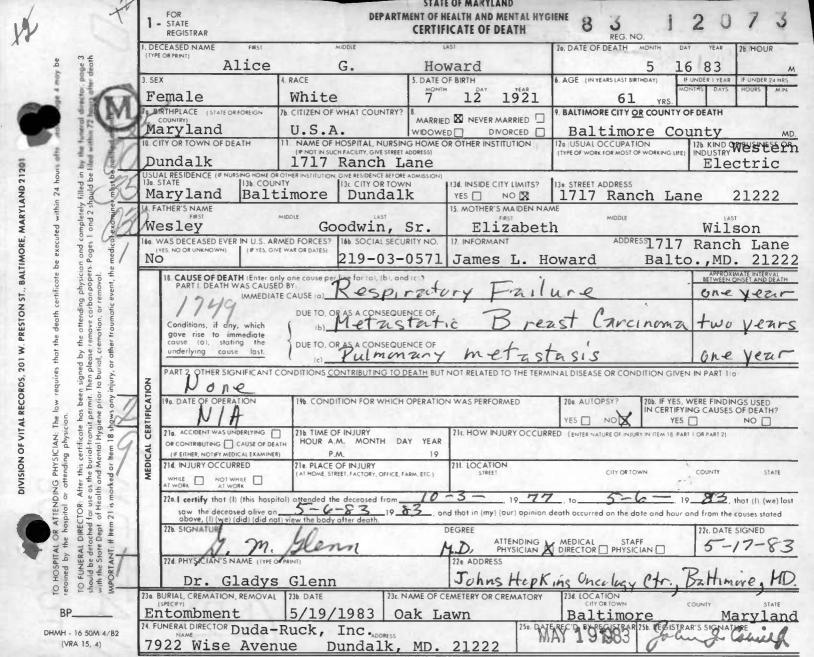
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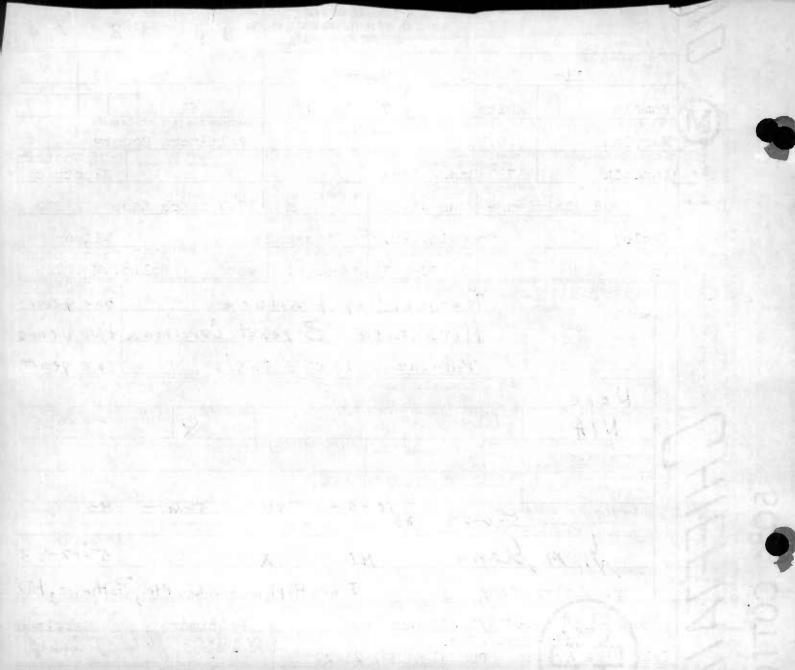
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1	4	EXAMINER'S N	The The	omas D	. Smith,	M.D.		ADDRESS_	111	Penn	St.	Balto	o., M	D.		
7	230.1	BURIAL, CREMATI				NAME OF CEM				23d LOC			COU		STATE	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Н		CEASED NAME	FIRST	,	AIDDLE	1	AST		20. DATE OF DEATH		DAY YEAR	26 HOL	UR
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ń		TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE hio Aven	T ADDRESS]	R OTHER INSTI	TUTION	170. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIFE		126. KIND (INDUSTRY		ESS OR
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Н		PART I. DEATH W		D BY: TE CAUSE (a)	Chroni	ic Hea	art Fa	ilure			4	mont	ths
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		OR CONTRIBUTING		310	M. MONTH E		JE BUILD					- 19	
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		22a. I certify that (I)		ital) attended the	e deceased from	Fe		10 83	May 3	0	10 83	that (1) ((we) last
		sow the decease	ed alive or	IVIO	y / 19	23	id that in (my) (our) opinion o	eoth occurred on the d	ate and hou	ur and from the	causes st	roted
7		22b. SIGNATURE	Cal		M TO Q.	000	GREE					SIGNED	
		Paul		onfeld	M.D.A.	MY XXXIII			MEDICAL STA	IAN 🗌	5.3	31.8	2
		226. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e. ADDRESS		TEV T	11:50		- 1	
		Dr. Paul	Scho	enfield	16-14	Day	407 Cr	ain Hig	ghway S.			50.0	
		BURIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY		STATE
		Burial		6/3/8	3	Glen H	laven Ce	metery	Glen Bur	nie	A.A.	Mary	land
19	24 FL	JNERAL DIRECTOR	7/11		ADDRESS	2	1229	25a. DATE	REC'D. BY REGISTRAR	256. REGIS	TRAR'S SIGNA	TURE	. 1
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DHMH - 16 50M 4/82 (VRA 15, 4)

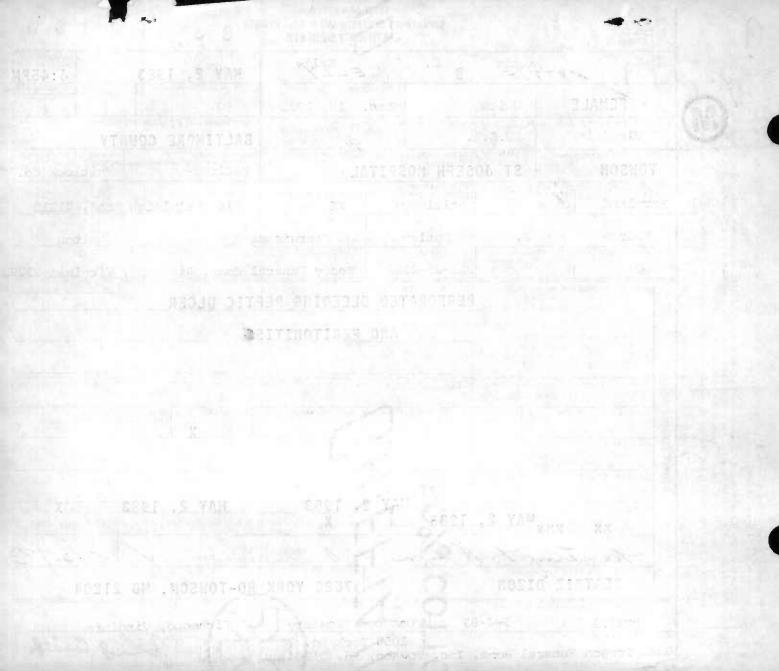
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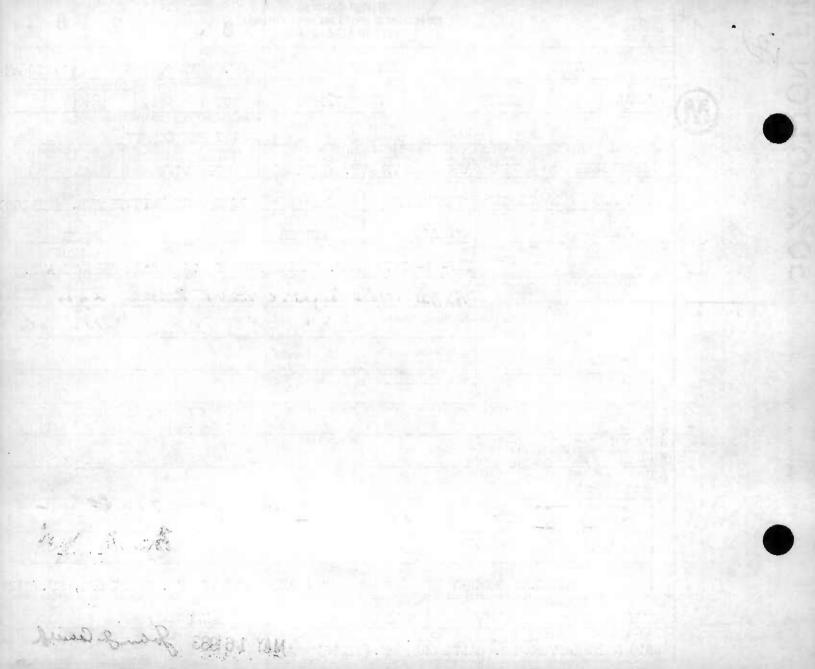
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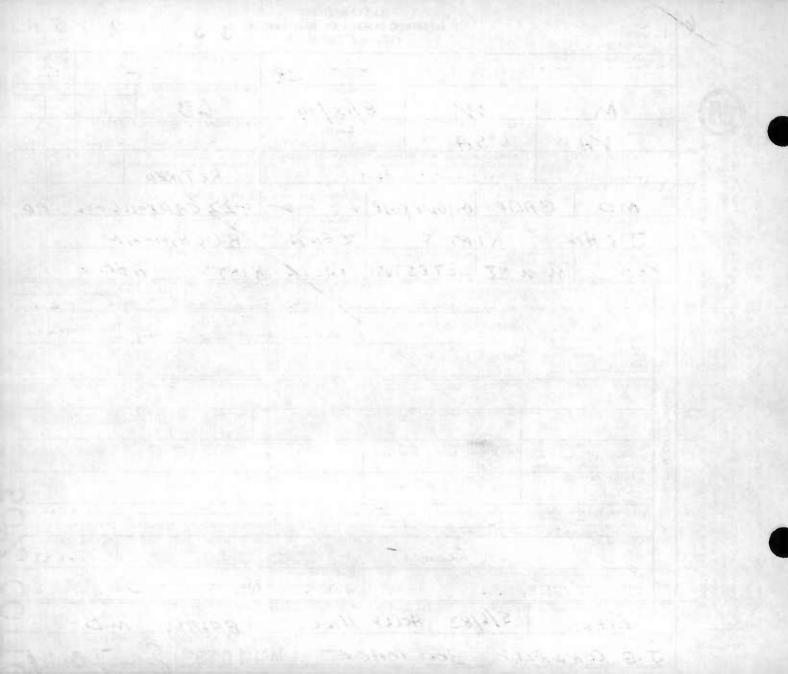


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1	BIR	THPLACE (STATE OR	AL I	b. CITIZEN OF	WHAT COUN			NEVER MARE	RIED	LTIMORE CIT	_	NIYOFDI	EATH	
Ł	B		Ma	us	.4.		WIDOWED ;			Baltimo		unty	10.20.01	MD
P	CII	Y OR TOWN OF DE	AIH	LIF NOT IN SUC	H FACILITY, GIVES	RSING HOME,			FOR MOST O	CCUPATION (F WORKING LIFE)	TYPE OF WORK	OR	ID OF BUSTR	Y
1		ROSSVILLE RESIDENCE IF IN N	LIDSON S HOUSE ON	Fran		quare Ho	spita	1	Keti	red.		Mar	tin-	larie
fi.		ATE ATE	136. COUNTY	O I	13c CITY	OR TOWN	13d.	INSIDE CITY LIMITS?	13e STREET A	DDRESS		0		
L	//la	ryland	VHary	ord.	101	patowne		ES NO 🗶		ilmor R	Road 2	21085		
ļ		THER'S NAME		MIDDLE	- 1,	LAST	15.	MOTHER'S MAID		MIDDLE	0		AST	
		Harry	DINILLO ADDICA			nnz	17	Kather	une	ADDRE		eder		
1	OO. VV	AS DECEASED EVEL	(IF YES, GIVE WA		345	CIAL SECURITY			1 0 1			01	2100	-
		No			215	-04-40/) (Robert W	. Kesch	422 40	Smor		2108	
١		PART I DEATH V	TH (Enter only o	one cause per BY:	line far (a), (b)	, ond (c).)	111	e a Til	man	1/10		OF TIME	PROXIMATE EEN ONSET	
	3	4292	IMMEDIATE	CAUSE (0)	41412		LZR	COTIL	CARCO	(A 10)	CUL	37		
		Conditions, if	ony which	DUE TO,	OR AS A CON	ISEQUENCE OF	DIJA	LASS						
1		gave rise to	immediate	(b)							1			
1		couse (a) statin		DUE TO,	OR AS A CON	ISEQUENCE OF						- 1		
				(c)										
	,	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE OR C	CONDITION GIVEN IN P.	ART 1 (a)					
2	MEDICAL CERTIFICATION	IA DATE OF COL	ATION	Inc. a	ID ITIO		TION I THE CO	orneon				1		
-	CA	190. DATE OF OPER	ATION	196 CON	NUTTION FOR	WHICH OPERA	IION WAS P	PERFORMED?					UTOPSY?	1.4
	RTIF	21a EXTERNAL CAL	ISE WAY	gas Ther	OF INJURY		Tat. 1/0//	INTERIOR COCCUS	50 5005				ES 🗌	NO
1	CE	UNDERLYING			A.M. MONTH	DAY YEAR	ZIC HOW	INJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	IS PART 1 OR	PART 2)		
	V	CONTRIBUTING [CAUSE OF DE		P.M.	19	216 10001	ION				166		
	MED	WHILE NO	T WHILE		CE OF INJURY FACTORY, FARM, E		21f. LOCAT		CITY	OR TOWN		COUNTY		STATE
		WHILE AT WORK AT	WORK				-							
1	84	220. I certify that		af the remains	described abo	ve, held on	Autopsy [, Inspectio	on , Inc	uiry X	and in my	opinion		
		death resulted fro	m Natural	causes X	Accident	Suici	de .	Hamicide .	Undetermin],			
		/	V	10	/	MYDU.		TITLE (SPECIFY)						. 100
1		ACTUAL SIGNATURE	Mus	1/	mer	in	M.D.	DEPUT	MEDIÇAL	XAMINER	DAT	NED M	AYZ.	3,148.
1	1		· Oa		1 .			13/1 DRESS 200	WEST	RMI	RUN	RO		
		EXAMINER'S NAMI (TYPE OR PRINT)	NAVI	L1- (5001	CIN	ADD	DRESS COC	-KEYSI	11661	LMD	121	036)
2	73a.BL	RIAL, CREMATION,	REMOVAL 236	DATE		NAME OF CEME	TERY OR CR	REMATORY	23d. LOCATI	ON	cc	DUNTY 44 .	STA	ATE
	131	Buria	1	5-24-8	3 Bo	hemian	Natio		Bal	timore	City	Md.		
		NERAL DIRECTOR		ADD	The State of			25a DATE	REC'D. BY REG	STRAR 256	GISTRAR'S	SIGNATI	IRE	1
	0	rarles S.	Leiler	& Son.	Inc. 62	24 Easz	tern A	ve WIA	114 - 19	03 0	-un,	ما مال	and	*
-60	_													

Nan See See X sec Sectionaries (aunus) desperience franklin france hardiski letical securi nildere di distribute intellegal foreign from the filters of 11685 select taisers seen 1.55.5 per error again false base from over some arms a a ment anorabled ancial solution with a colonian harings in . Charles S. Seiden S. Lon Soc. 6324 Par does my July 4-1887 H. J.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	8 S REG. NO.	1 4 0	0 0
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	ANNA	MARIE	KC	OONTZ	05	23 83	A.M
	3. SEX 4	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS.
	FEMALE	WHITE	12	08 02	80 yrs		HOURS MIN.
10		76. CITIZEN OF WHAT COUNTRY	/? 8.		9. BALTIMORE CITY OR COUN		
in.	MARYLAND	U.S.A.	WIDOWE	D NEVER MARRIED D	BALTIMORE COU	NTY	MD.
á		11. NAME OF HOSPITAL, NURS	ING HOME C		120. USUAL OCCUPATION	12b. KIND OF	BUSINESS OR
	CATONSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET 5922 HILLTOP		E. 21207	ASSEMBLY LINE		. CORK &
-	USUAL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)				AL
7	130. STATE 13b COUNT				13e. STREET ADDRESS		-
2	MARYLAND BALT 14. FATHER'S NAME	'IMORE CATONS'	VILLE	YES NO X	5922 HILLTOP A	VENUE, ZI	.207
7	FIRST	AIDDLE LAST		FIRST	WIDDLE	LAST	
4	PAUL 160. WAS DECEASED EVER IN U.S. ARM	LORI MED FORCES? 166 SOCIAL SEC		MARY 17. INFORMANT	ADDRESS	BAUE	R
		WAR OR DATES)	LUKITY NO.	II. INFORMANT	ADDRESS		
	NO	216-16	-8070	ANNA M. BYWA	ATERS 5923 FRAN		UE, 21207
	Conditions, if only, which gove rise to immediate couse to lost stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCY ON DITIONS CONTRIBUTING TO	D DEATH BUT			GIVEN IN PART 110	
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	170. CONDITION TOX WINE	TOPERATIO	N WAS FERFORMED		TIFYING CAUSES O	
	OR COLUMNIA CALIFF OF DE LE	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this haspita	5/1/21/21	-1	19 65	_, to _ 0/23	. 19 5 3 , th	not (I) (we) lost
	saw the deceosed alive on obove, (I) (we) (did) (did not)	view the body after death.	,/an	d that in (my) (and opinion o	death occurred on the date and h	our and from the co	ouses stated
	22b. SIGNATURE)	Ma	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	B P	GNED 24/85
	THE PHYSICAN'S NAME THE DE	PRINTS	"	226. ADDRESS			1/
	JOHN H. SHAW,	M.D.		5800 EDMONI	OSON AVENUE, 21	228	
	230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	_ county	, STATE
	BURIAL	05-26-83	NEW C	ATHEDRAL	BALTIMORE CI	TY MAR	YLAND
	ANA FUNEDAL DIRECTOR			"I I "I "I I I DOT TO TE	PROUB OU DECISED INTO I		

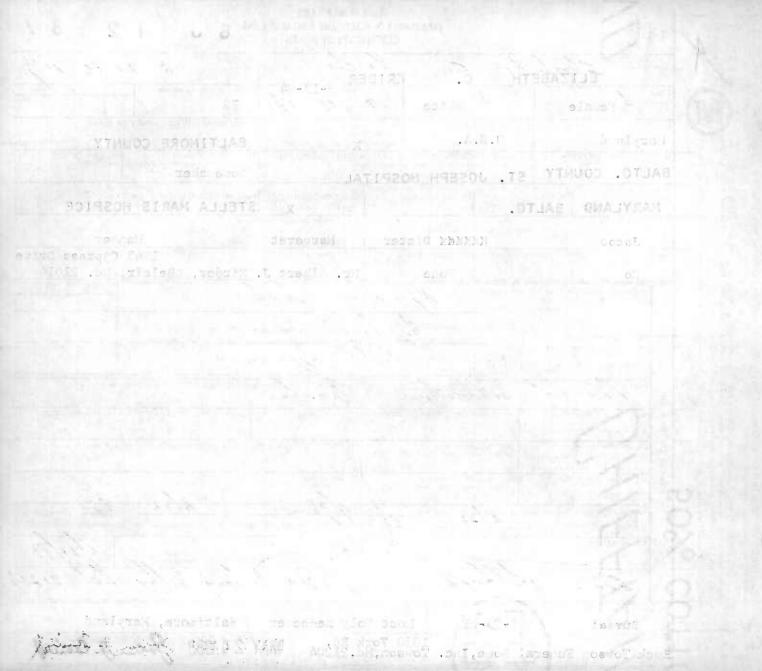
DHMH - 16 50M 4/82 (VRA 15, 4)

21.229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC'D, BY REGISTRAR 251 REGISTRAR'S SIGNATURE

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	/	Ľ	- STATE REGISTRAR		CERTI	HEALTH AND MENTAL HYO	GIENE 8 3	40.	2 0	8 8
• m#			CEASED NAME FIRST	WIGGLE		LAS1	20. DATE OF DEATH	MONTH D	Y YEAR	2h HOUR
may be r. page 3 ter death			James	C.	KULIS			May 29	, 1983	12:30A _M
or. p		3. SE	X 4	RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY] I	FUNDER I YEAR	IF UNDER 24 HRS
ir ect			ile c	aucasian		7-05	78 vrs.	YRS.	5413	MIN,
72 hg	36	/a B	IRTHPLACE (STATE OF FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUN	ITRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
deo deo	600	Mo		USA	WIDOW	DIVORCED [Baltimor		ty	MD.
The state of the s	5 /	Ва	ltimore	NAME OF HOSPITAL, NI Franklin S	quare I	Hospital	Maintane	ION of working life) nce Ma	IZLKINDOI INSUE TO INCOM	eRoads
(M)	125	Mo	AL RESIDENCE (IF NURSING HOME OR OT ITS TATE 135 COUNTY BALL)	imore Balt	BEFORE AGMISSION) TOWN IMOre	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	-0.11-		
	1		ATHER'S NAME			15 MOTHER'S MAIDEN NA	2431 Lak	ewood	Road	21234
a post	30		mes Kulishek MID			Sophia Opa	va		LAST	
pho she	1		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		SECURITY NO.	17 INFORMANT	ADDR	ESS	2123	4
2 22	6	no		217-03		Thomas C. I	Dembeck 2	431 La	kewoo	d Road
feeth feeth football			18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ne cause per line far (a), (t	ratory .				BETWEEN OF	MATE INTERVAL MSET AND DEATH
ng p	-		470 IMMEDIATE C	AUSE (a) Nespi	ratury	Arrest	27			
death: ottendi	E C		12/2	DUE TO, OR AS A CONS	EQUENCE OF	action				1184
e de may	101		Canditians, if any, which gave rise to immediate	(b) 1 4 1 1110	iric cong	JES LION				
by th	E G		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EOUENCE OF					
ed pleo	5		PART 2 OTHER SIGNIFICANT COM	(c)	TO DE ATH BUT	NOT BELLEVE TO THE				
equire n sign Then to bu	la la	NO.	Severe A	therosclerot	ic Cardi	ovascular Dis	INAL DISEASE OR CON	IDITION GIVEN	IN PART 11a	
beer mit.	4	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDING	GS LISED
The Incian.	4	TIF		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			YES NOX	IN CERTIFYII	NG CAUSES C	DF DEATH?
SICIAN: T ng physici certificate rial-transif ental Hygi	C4.	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	DAY VE 15	21c. HOW INJURY OCCURE				,,,,
SICIAI ng ph certific rriol-tr entol I	/	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR					
G PHYSICIAN: The It strending physicion. This certificate has the burial-transit per and or family 18 shows		MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION				
Age the state of t	Na Caraca	2	AT WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY OF	PICE, FARM, ETC.)	PINEEL	CITY OR TO	WN.	COUNTY	STATE
ND#			22a.l certify that (this haspital) saw the deceased alive an	pttended the deceased fr	am May 1	1, 19 83	May 29	9 , 19	83 1	nat % (we) last
Spite Spite CTO I for of h	4		saw the deceased alive an abave, (we) (did) (dd) an vi	ew the bady after death.	19 <u>83</u> , ar	nd that in (aur) apinian	death accurred an the d	ate and haur a	nd fram the co	auses stated
OR ATTORNEY OR ATTORNEY OF THE PROPERTY OF THE		0	22b. SIGNATURE	. 1		DEGREE			22c. DATES	
			Herm	Trene		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🔽		19-83
HOSPITAL ined by the FUNERAL old be detro			22d. PHYSICIAN'S NAME (TYPE OR PRI			22e. ADDRESS		1		
TO HOSPITAL etoined by i TO FUNERAL should be de- with the Store			Dr. Thayne Gre				klin Square	Drive	21237	
		23a. B	DEC IT W.			EMETERY OR CREMATORY	23d LOCATION			
BP				5-1-83		an Nat. Cen		nore,	Md.	STATE
DHMH - 16 50M 1/B (VRA 15, 4)	1 8	Sc	himunek Funera	1 Home, In	nc.	25a DATE	E REC'D. BY REGISTRAR	256 REGISTRA	RG SIGNALU	self.
	11	33	31 Brehms Lane	, Baltimor	ce, Md.	21213 MAY	31 1983			

21204 Durkee **ADDRESS** Arthur Nattans 1520 Putty Hill Road 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 5-11-1983 Maryland Loudon Park Baltimore 24 FUNERAL DIRECTOR 1050 York Road 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. Towson, Maryland MAY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DAY

IF UNDER 1 YEAR

INDUSTRY

2h HOUR

12b. KIND OF BUSINESS OR

12:05 P

IF UNDER 24 HRS

20. DATE OF DEATH MONTH

DHMH - 16 50M 4/82 (VRA 15, 4)

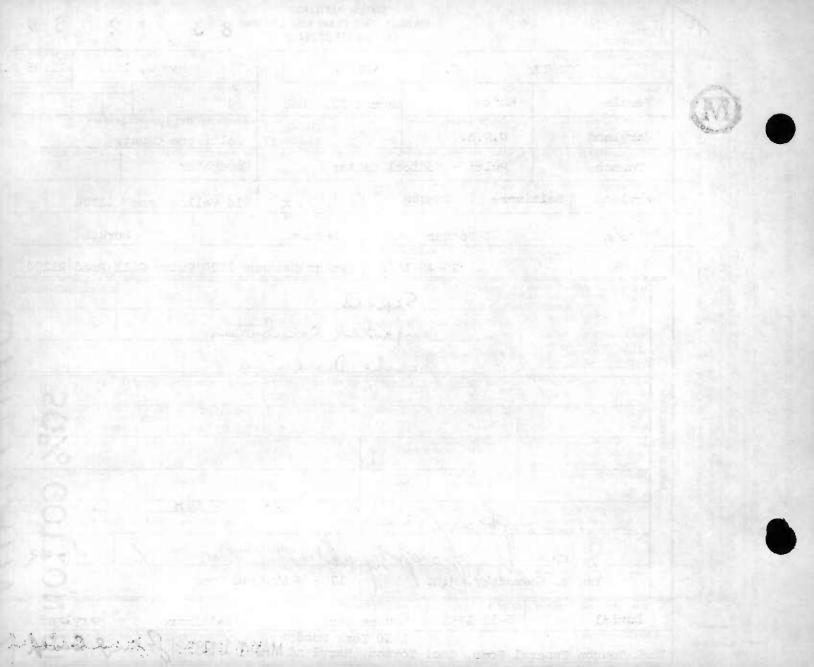
BP.

- STATE

REGISTRAR

FIRST

DECEASED NAME



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTII	FICATE O	DEATH	0	REG. NO	3	die 's		
		CEASED NAME	FIRST	/	MIDDLE		LAST		2a. DATE OF D		MONTH	DAY YEAR	2b. HOU	JR
			ances			LaFat	α		Me	ay 2	, 198	3	100	
	3. SE	х		4 RACE			OF BIRTH		6. AGE (IN YEA			IF UNDER I YEA		
١		female		white	2	June	12,00	1900 YEAR	82 year	rs	YRS.	MONTHS BATS	HOURS	MIN.
-	7a Bl	RTHPLACE (STATE OR F	OREIGN	L CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE			Y OF DEATH		
7		Mary land	SALES!	U.S.A	1.	WIDOW	_	R MARRIED L	Balt	imore	e Cou	ntu		445
		ITY OR TOWN OF DEA	TH	IT. NAME OF	HOSPITAL, NURSIN	G HOME			12a USUAL OC	CUPATIO	NC	12b. KIND	OF BUSINE	ESS OR
		Pikesville		Pikesi	ville Nur	sing	Home		Homes	nake:	P WORKING LI	(FE) INDUSTR	Y	
7	13a S	al residence (# NURSI STATE ary land	136 COUN Balti	TY	13c. CITY OR TOWN Pikesvi	N		CITY LIMITS?	13e. STREET AD 521 No	DRESS assat	u St.	2120	8	
		ATHER'S NAME					15. MOTHE	R'S MAIDEN NA	ME	- 0				
	I	Pasquale		laggio	LAST		G	iovanna		WIDDLE	Gue	rcio	AST	
1	16a. V	VAS DECEASED EVER I		00	16h SOCIAL SECU	RITY NO.	17_INFOR/			ADDRE		Nassa	u St.	-
1	()	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-74-	5062	Mrs.	Margare	t Regan					08
		Conditions, if ony, gave rise to imm couse (o), stating underlying couse	which nediote g the lost.	(b)	PAS A CONSEQUE THE CONSEQUE R AS A CONSEQUE	NCE OF	i lan	dio vas				4.	ears	>
-	ATION	PART 2 OTHER SIGN			TION FOR WHICH									
	CERTIFICATION			198 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	YES T	NO []	IN CERTIF	S, WERE FIND FYING CAUSE ES	S OF DEAT	H?
	MEDICAL CE	210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A./	M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCUR	RED (ENTER NATUR	E OF INJUR	Y IN ITEM 18 F	PART I OR PART 2)		
	MEDI	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e. PLACE ((AT HOME STR	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCA STR			CITY OR TOW	VN	COUNTY	S	TATE
		sow the deceose above, (1) we) (di	d olive on_	- 4/26	19 8	3_,01	3-19) (our) opinion	death occurred o	on the do	te and hou		that v	
		226 SIGNATURE	Ined	man	un		M)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI	F IAN 🗌	22c. DATI	3/8	3
		226 PHYSICIAN'S NA	ME ITYPE OR	PRINT			22e. ADDR	ESS	127 12 3		714		1	
		Dr. Ror	nald F	riedmar	2		673	15 Park	Heights	Ave.				
	23a. B	URIAL, CREMATION, F	REMOVAL	23b. DATE	23c N	IAME OF C		R CREMATORY						

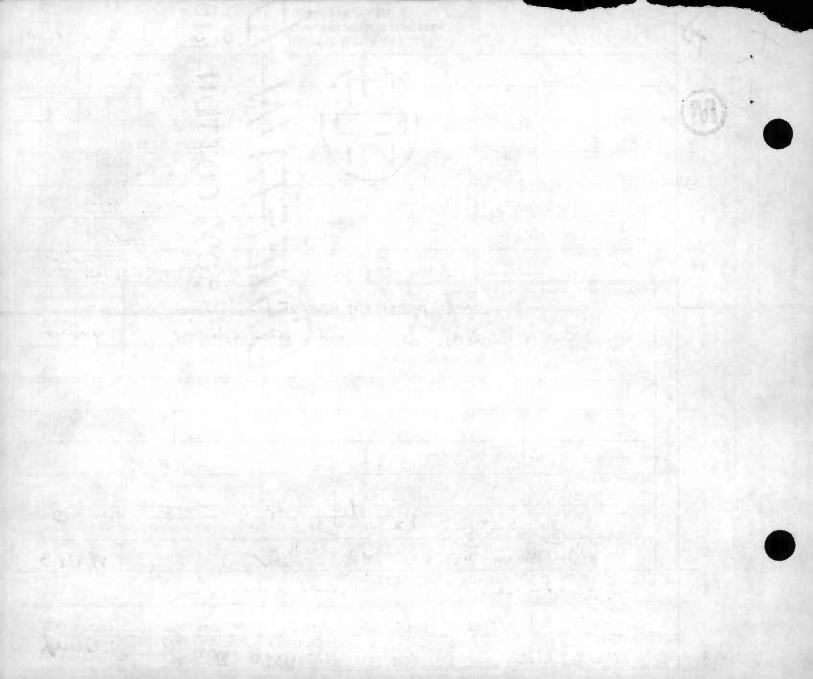
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DHMH - 16 50M 1/81 (VRA 15, 4)

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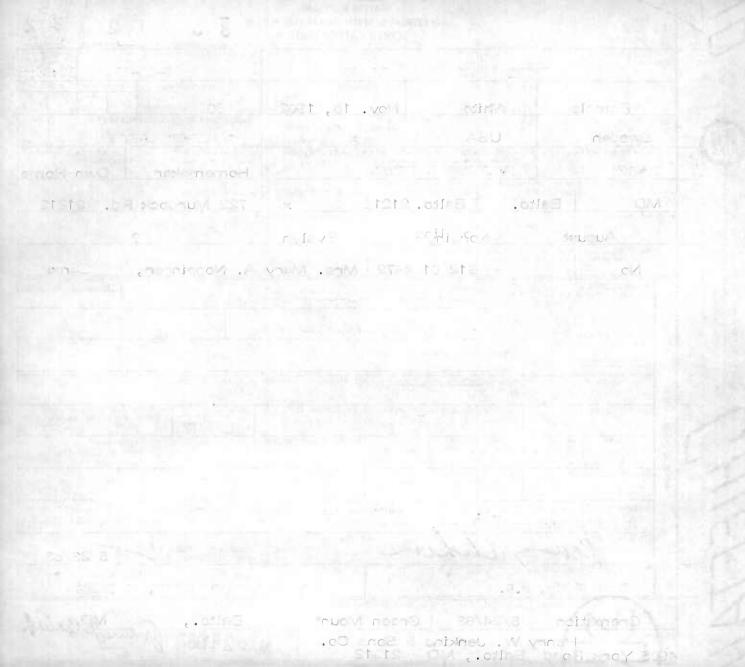
Pikesville

Baltimore



	- STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE -
1. DE	REGISTRAR		CERTIFICATE OF DEATH	8 3 2 0
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26
	WALTE	R MELVIN	LAISURE	MAY 20, 1983 9:
3. SE	x	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF L
	ALE	WHITE	NOVEMBER 1, 192	
-0	IRTHPLACE (STATE OF FOREIGN COUNTRY) IARYLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY BALTIMORE COUNTY
18	RT HOWARD	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET V.A. MEDICAL CI		12a USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) Road Work State
13a S	ALRESIDENCE (IF NURSING HOW OF STATE 1135 ZOUI ARYLAND	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW BALTIMO	'N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2/2/ 928 Exeter Hall: Av
14. FA	ATHER'S NAME FIRST ISAAC	MIDDLE LAST SACKS	15. MOTHER'S MAIDEN NA CARRIE	MIDDLE Gemmell (AST
2/		RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 216 18 1		ty Laisure, 29th.S
NO				MINAL DISEASE OR CONDITION GIVEN IN PART 110
CERTIFICATION	RESPIRATORY 190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO N
/ ()	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	21f. LOCATION	CITY OR TOWN COUNTY
	above, (we) (did) (did)	ital) attended the deceased from 5/20/83 19	5/17/83 , 19, and that in (※) (aur) apinion	to 5/20 , 19 83 , that death accurred an the date and hour and from the cous
9	22b. SIGNATURE	evolueth	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 5 220 DATESIG
		20.000,00	22e ADDRESS	
7	122d PHYSICIAN'S NAME (TYPE OF			CENTER, FORT HOWARD, MD

Commertilles Store Norw For Balto., LMD 181118



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				STATE OF MARYLAND					
	1-	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	AYGIENE 8	S REG. NO.	1 2	U	9 4
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF	DEATH MONTH	DAY	YEAR 2	b. HOUR
death death		ALEXA	ANDER	LAWRENCE 5"		05	25 1	83	11:15Am
her po	3 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE INY	EARS LAST BIRTHDAY)	IF UNDE		F UNDER 24 HRS
1		M2/10	Necro	Dec, 9-1907			rRS.		
温ルク		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY OF DE	ATH	
E WIND	2	Va.	71.5. A.	WIDOWED DIVORCED		MORE CO	UNTY		MD.
3		TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 	SING HOME OR OTHER INSTITUTION EET ADDRESS)	12a USUAL C	CCUPATION FOR MOST OF WORK	ING LIFE) IND	KINDOF	BUSINESS OR
	-		GREATER BALTIM		Truc	Kopena	em Si	reel	Co.
Id be	13a S	AL RESIDENCE (IF NURSING HOME OR)	OTHER INSTITUTION GIVE RESIDENCE BEF						
Page Car		Nd.	B2/to		1038	N. L.UZ	zepn	e A	10.3121
d 2 sel	JE FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST	,
m 5 16		LIMOS	Lawre		2		Hol	ZN	d
dico			MED FORCES? 166 SOCIAL SE			ADDRESS	1038	N.	
S. Pa		No	212-10-	5639 MAS. NYY	s/c/2w	rence		enk	CAVBI:
oper oper oval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED					8	APPROXIMA	SET AND DEATH
g ph conp remo		191 MMEDIATI	E CAUSE (a) CARDIOP	ULMONARY ARREST					E - E
carb , or r		4760	DUE TO, OR AS A CONSEC						
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A He		saw the deceased alive on.	5/25	83 , and that in (my) (our) apin	ion death accurred	d on the date on	. 17	, 110	
RECT ed for pt. o		abave, (1) (we) (did) (did not	view the body ofter death.	DEGREE				. DATE SI	
etach te De te De	-11	Lai Ka	man MI)	ATTENDING		STAFF	- Fre 19	5	15/83
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Shoul Shoul	22- 5			NAME OF CEMETERY OR CREMATOR			. 2120	T	
	230. 1	SURIAL, CREMATION, REMOVAL	23b DATE 23		_ CITY	ORTOWN	COUNT	٧	TATE
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DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
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	10. CI	TY OR TOWN OF DE.			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	OF BUSINES	SS OR
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-	13a. S	AL RESIDENCE (IF NUR	136 COUN	1TY	13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS				
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Ph.	114 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAS	ST	
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		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT		0s Steve		Lane	
		No			042-20-6	5845	Mrs. June C.	Miller Ba	1to., 1			
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		sow the deceas above, (I) (we)	ed olive on	4-	19 19	83.	nd that in (my) (aux) opinion	death occurred on the c	late and hour	ond from the	- (.,	,
1		22b. SIGNATURE	A / I	1) view the body	offeredeoth.	1	DEGREE			22c. DATE	SIGNED	
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1	23a. B	URIAL, CREMATION,	REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours ofter deal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumotic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

Burial 24 FUNERAL DIRECTOR

May 5,1983 74 FÜNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Dulaney VAlley Mem. Cockeysville, Balton Cockeysvil

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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		CEASED NAME OR PRINT) And	FIRST		MIDDLE	Le	e	20. DATE OF DEATH	MONTH DAY	83 6 30
		Female		4. RACE White		5 DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNI	DER I YEAR IF UNDER 24 H
97	G	RTHPLACE (STATE OR COUNTRY)		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		EATH
90	p:	ikesville	7	Pikesvi	HEACILITY, GIVE STREET A	ADDRESS)	enter institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	OF WORKING LIFE) IN	L KIND OF BUSINESS DUSTRY
35	130. S Ma	AL RESIDENCE (IF NURS STATE Bryland	136. COUN	OTHER INSTITUTION ITY Limore	13c. CITY OR TOWN Catonsv:	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2005 Clif	den Roac	21228
30		Charles		MIDDLE	Sieber		15. MOTHER'S MAIDEN NA Alvina	WIDDLE		Wasmus
e medicol		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	212-09-2		Walter Thie	1e Same a	ess ns # 13	Mark L
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9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
0 0	-	210. ACCIDENT WAS UNE	CAUSE OF DEA		FINJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR		IRY IN ITEM 18 PART I O	
d of Hem	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY	RM ETC)	211 LOCATION STREET	CITY OR TO	OWN C	DUNTY STATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23d LOCATION CITY OF TOWN 5/14/83 Loudon Park Cemetery Baltimore Leroy Russell C. Witzke Funeral Homes P.A MAY 12 1630 Edmondson Avenue, Catonsville, Md. 21228 DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED JEAN GRISWOLD LEE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. SFX 4. RACE IF UNDER 24 HRS DATE (ACT AIRTHDAY) PRONOUNCED 2/2/07 DEAD W 76 9. BANTIMORE CITY OF COUNTY OF DEAT 7b. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore County N.J. WIDOWED L DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS OR INDUSTRY Randallstown Baltimore County General Homemaker Own Hame ME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 113e STREET ADDRESS 19803 DE Greenville YES NO [Box 3645 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST MIDDLE Griswold Mary Ann Stokes James 16h. SOCIAL SECURITY NO 7. INFORMANT ADDRESS 168. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) Same Louis Lee No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) ond (c). EEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY: 7 IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 71h TIME OF INITIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK charge of the remains desembed above, held an Autopsy and in my opinion SE TER EXAMINER'S NAME 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b. DATE COUNTY Burial 5/11/83 Green Mount Balto. MD 24. FUNERAL DIRECTOR Henry Wassenkins & Sons Co. DHMH - 17 VR A15 ME (5) 4905 York Road Balto., MD 21212 15M 7/76

STATE OF MARYLAND

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M		ALE	CAUCASIAN	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 58 YRS.	IF UNDER 1 YEAR IF UNDER 24
Y	MA	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore County	OF DEATH
37		SSVILLE	FRANKLIN SQUA	RESSH	OR OTHER INSTITUTION	120. USUAL OCCUPATION TYPE OF WORKING LIFE TO THE OF	12b. KIND OF BUSINES
35	MA		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE LTIMORE ROSEDA		13d. INSIDE CITY LIMITS? YES NO 14	13. 7925° UNDERHI	ILL RD. 212
131	14 FA	THER'S NAME WILLIAM T	HEODORE LETKE		MARIE	ME	JONES
1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SECU 2181832		MARIE LET	ADDRESS KE 7925 UNDERH	HILL RD.
Other		couse (0), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUI	hitis	And Sepsis		
to burio njury, or	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONDITION GIV	EN IN PART Tra
buriol-tronsit permit. Then ple Mentol Hygiene prior to burio or frem 18 shows ony injury, or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (16 EITHER, NOTIFY MEDICAL EXAMIN	196 CONDITIONS CONTRIBUTING TO 1 196 CONDITION FOR WHICH 198 CONDITION FOR WHICH 198 CONDITION FOR WHICH 198 CONDITION FOR WHICH 198 CONDITIONS CONTRIBUTING TO 1	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED TYING CAUSES OF DEATH' S (A) NO

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	' -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D. 1 4	1 0	1
		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH		YEAR 26 HO	UR
H	(TYPE	KATHER IN	E 9.	LA	HOT SKY	MAS	1 9141	983 3:	SSAM
	3. SE)	X F	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS	DAYS HOURS	MIN.
			76. CITIZEN OF WHAT COUN	NTRY? 8.	O NEVER WARRIED O	9. BALTIMORE CITY O	R COUNTY OF DE	ATH	
5		D.	USA.	WIDOWE		BALT	IMORE	count	TY MD.
6	10 CI	BALT IMULE	11. NAME OF HOSPITAL, N (IENOT IN SUCH FACILITY, GIVE BALTIMOR	STREET ADDRESS	Ty GEN. HOSP.	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Home Maker)	F WORKING LIFE) INDI	KIND OF BUSIN USTRY	VESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUNTY 12h. Bal		NWOT	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 712 Cliffe	dge Road	21208	
	14. FA	THER'S NAME	MIDDLE LAS	NT.	15. MOTHER'S MAIDEN NAM	AE .		LAST	
0		Harry V. Re			Katherine	2	Coffay	1	
1		VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT Mr. 1				10.00
	(1)	YES, NO OR UNKNOWN) (IF YES, GIV	e war or dates) 2/8-	03-0837	712 Cliffedge	e Road Pik	esville,	MD. 21	208
	NOI	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING	SEQUENCE OF	, //	Lon. NAI DISEASE OR CONI	DITION GIVEN IN P	PART Ito	
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	28a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES		ATH?
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	TH HOUR A.M. MONTH	19	21c. HOW INJURY OCCURRI 211 LOCATION STREET	ED (ENTER NATURE OF INJUR		PART 2) UNIY	STATE
		27a. L certify that # (this haspi saw the deceased alive an above, (l) (#) (did) (did) 27b. SIGNATURE	4/9/83	19 83 (or	nd that in (our) opinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	770 FF	om the causes so. DATE SIGNED	stated
1		27d PHYSICIAN'S NAME (TYPEO	- SINH		BALT	EMORE	Co.	GEN.	405P.
		BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION Pikesvill	Day town	Y Marc	STATE
		Burial	5-13-83	Druid F	rage Cem.	ILKESULLI	e Dull'Ull	The Mar	y varia

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(VRA 15, 4)

8728 Liberty Road Randallstown, MD. 21133

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May 13,1983 St. Pauls Inthern Com. Perryman, derford Co., Md. Initial

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1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 3	12103
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
W	LILLIAN	FRANCES	41066	5	4 83 458m
3. SE	X 4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	CAUC.	12 33 04	78	YRS.
	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
N	MARYLAND	USA	WIDOWED DIVORCED	BALTMO	RE CO. MD.
10. CI	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126. KIND OF BUSINESS OR
C	atonsville	MERIDIAN- (ATOUSUILLE	Bookeeper	
	AL RESIDENCE (IF NURSING HOME OR OT TATE 13b. COUNTY			130. STREET ADDRESS	21234
	MD BAL	-TO. TOWSO	N YES NOW	1804 DEI	IERON RD.
14. FA	THER'S NAME	DDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	FAST
	GEORGE	SMIT	H Mary	Virgin	nia Carrigan
	YES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 16b. SOCIAL SECUI		/ DUNE CO	
	No	214-01-	6006 J. Irvin L	ingg1804 De	
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED)	one couse per line far (a), 1b), one			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	// IMMEDIATE	CAUSE (0) ACUTE	REVAL	FAILURE	
14	7292	DUE TO, OR AS A CONSEQUE	NCE OF	A	
	Canditions, if any, which	(16) ASCU	D C CHF 4	HORTIC	
	cause (a), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF STENOSIS Z	INSUFFIC	CIENTY
	underlying cause last.	(c)			
7	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIE	ON GIVEN IN PART 100
TO					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
RTI				YES NO	YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	11b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
-	AT WORK NOT WHILE AT WORK				
	22a.1 certify that (1) (this haspital) attended, the deceased from	4 - 27 19 63		19 3 that (1) (we) last

Un PAR CERTIFICATION 19a 21a. OR MEDICAL 21d. 22a. saw the deceased alive on the deceased olive on above, (I) (we) (did) (did not) view the body ofter death and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 226. SIGNATURE DEGREE 72L DATE SIGNED

AN NAME (TYPE OR FUN

22e ADDRESS

STAFF

PHYSICIAN [

230 BURIAL, CREMATION, REMOVAL
Burial 23b. DATE 7, 183

ar. Balto. 231. NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem. Gar.

ATTENDING PHYSICIAN

MEDICAL

DIRECTOR

Co., STATE

24 FUNERAL DIRECTOR

William E. Johnson8521 Loch Raven Blvd

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BP.

O FUNERAL DIRECTOR

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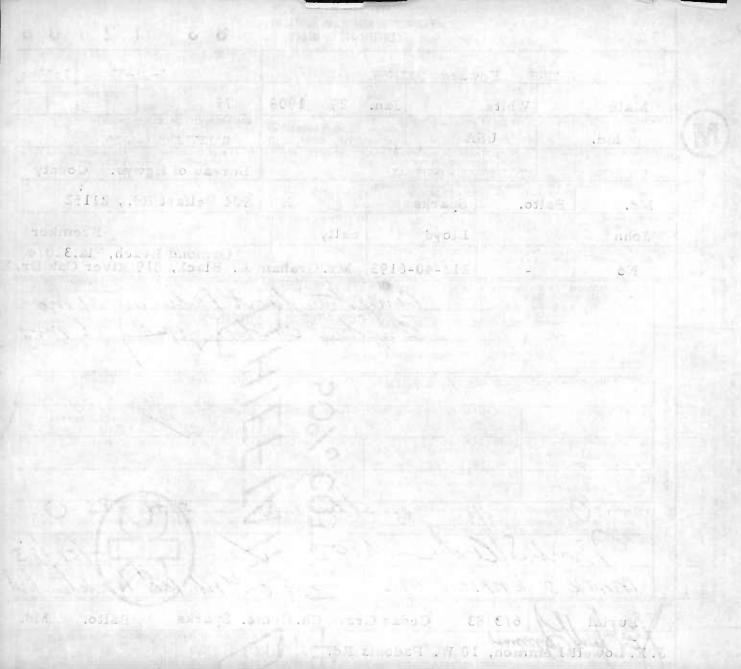
APORTANT.

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68	Ĺ	FOR - STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 3 REG. NO.	2104			
1/Gh	(TYP	ECRASED NAME FRST EORPRINT) Edward		SZEWSKI	May 27, 1983	2:15am			
	3. SE	ale	4 RACE White	5. DATE OF BIRTH MONTH 12 27 13	69 YRS. MS	FUNDER 1 YEAR IF UNDER 24 HRS			
Parity Po	M	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County				
by the full filled within	R	ossville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Franklin Squa	re Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Postal Super-	126. KIND OF BUSINESS OR INDUSTRY US Postal			
24 hour filled in sould be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE aryland Balt	other institution, give residence before ITY I3c. CITY OR TOWN		3. STREET ADDRESS 8407 Belair Rd. 21236				
impletely and 2 shall a shall	14 F	ATHER'S NAME Peter	J. Lisze	wski Magdel		ynski			
g physician and co an papers. Pages 1 emayod.		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECUI E WAR OR DATES) 216-03-		ADDRESS Liszewski 8407	Belair Rd.			
equires that the death ce n signed by the attendin Then please remove carb to burial, cremation, or i injury, or ather traumatic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS SONSEQUE (b) DUE TO, OR AS EQUISEOUS (c)	testinal Bleeding Alovarices Accordance arcinoma EATH BUT NOT RELATED TO THE TERM		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ician. Ite has been nsit permit. I regiene prior shaws any it	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?			
ING PHYSICIAN r attending phys wher this certifica as the buriol-trai as the buriol-trai ith and Mental Hy orked or frem 18	MEDICAL CES	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEA (16 EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED NOTIFY MEDICAL EXAMINER AT WORK	TH HOUR A.M. MONTH DA P.M. 210. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FA	Y YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI CITY OR TOWN	COUNTY STATE			
he haspital he haspital DIRECTOR: locked for us Dept. of He if frem 21 is	-	sow the deceased alive on above 14 (we) (did) (day 12)	South	DEGREE ATTENDING PHYSICIAN [death accurred on the date and hour	, IIIOI AND (ME) IGSI			
	23a.	Robert Gaude Burial, CREMATION, REMOVAL (SPECE 12)	t, M.D.	AME OF CEMETERY OR CREMATORY	klin Square Drive	21237 COUNTY Mary Land			
BP DHMH - 16 50M 4/82 (VRA 15, 4)		UNITED THE CUSSIAN F	H 7401 1326	21 2/36) 250, DAT	E REC'D, BY REGISTRAR 250. REGISTR				

DESCRIPTION TO THE PROPERTY OF William Control of the Control of th and the state of t Sintui You linevamed ... was in not a late to

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Edward ARTHUR LLOYD 5-31-83 1:34pm 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER J. YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH Jan. 29 1 908 75 White Male To. BIRTHPLACE (STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY USA Md. DIVORCED [BALTIMORE COUNTY WIDOWED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bureau of Hgwys. County TOWSON JOSEPH HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 904 Belfast Rd., 21152 Balto. Sparks Md. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Llovd Bremker Sally John 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Ormond Beach, Fla.32074 LYES. NO OR UNKNOWN) Mr. Graham L. Black, 819 River Oak Dr. E 212-40-6193 No 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and co. CONGESTIVE HEART APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE IN CONGESTIVE CARDLOMY OPATHY Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from_ sow the deceased olive on. (our) opinion death occurred on the date and hour and from the causes stated above, (Live) (did) (did not) view the body after death 776 SIGMATURE DEGREE 77: DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ld b IMPORTA 231. NAME OF CEMETERY OR CREMATORY 23d BURIAL, CREMATION, REMOVAL! 23b. DATE Sparks Md. Cedar Grove Ch. Ceme. 6/3/83 Balto. Burial REGISTRARIZSO, REGISTRARIS-SIGNATURE DHMH - 16 50M 4/B2 owell Lemmon, 10 W. Padonia Rd. (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funishould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. with the State Dept. of Health and Methol Hyglene prior to burloy, cremonan, or removal.
MAPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner must be portified of

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	CHAPTINE CHAPT		SLIE]	LLOYI		May 30,		AY YEAR	2b. HOUR
3. SE		4. RACE		5 DATE OF BIRTH				IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	Male	White		July	1, PAY 1906	76	YRS.		
7a. B	IRTHPLACE (STATE OR FORE	76. CITIZEN OF U.S.A		MARRIED	NEVER MARRIED DIVORCED	Baltimore City o	_		ME
10. C	TOWSON		HOSPITAL, NURSING HEACHING POPPAR RELADING		ROTHER INSTITUTION	RECIPED MOST O			F BUSINESS OR eel
	JAL RESIDENCE (IF NURSING STATE STATE STATE I STATE I	HOME OR OTHER INSTITUTION Saltimore	GIVE RESIDENCE BEFORE ADA		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1000 E. JO	ppa Rd	2120 l., Apt	
14. F	Clarence	M. MIDDLE	loyd (AST		15. MOTHER'S MAIDEN NAM Edith	MIDDLE .	W	/heeler	ī
160	(YES NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	213-09-25		Mrs. Pauline	R. Lloyd,		ıs #13e	
CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HYPERTE DUE TO, OR AS A CONSEQUENT Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE.						20b. IF YES,	N IN PART 110	GS USED
RTIFIC						YES NO	YES		OF DEATH?
	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY M.	YEAR 19		ED (ENTER NATURE OF INJU	TER NATURE OF INJURY IN ITEM IB PART T OR PART 2)		
MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM	(ETC.)	216 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a.l certify that (I) (the sow the deceased a abave. (I) (we) (did)	is hospital) ottended the	0	38 - 3 , an	d that in (my) (****) opinion of	to 65 T s death occurred on the d			that (I) (ma) las couses stated
	226. SIGNATURE Centhor	uy G. Lew	andowsh			MEDICAL STA		220. DATE	31-83
	22d PHYSICIAN'S NAME Anthony A	· Lewandows	ki, M.D.		22e ADDRESS Hampton Pla	za Buildin	ıg, Tov	wson, M	laryland
23a	BURIAL, CREMATION, REA	MOVAL 236. DATE 6-2-8			od Cemetery	23d. LOCATION CITY OR TOWN Parkvil	le, Ma	county	STATE

BP DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR (VRA 15, 4)

FOR STATE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Parkwood Cemetery

Parkville, Maryland 1983

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BURGEL TUNERAL HOME 3631 FALLS RELIZIMAY 9

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REGISTRAR

24. FUNERAL DIRECTOR

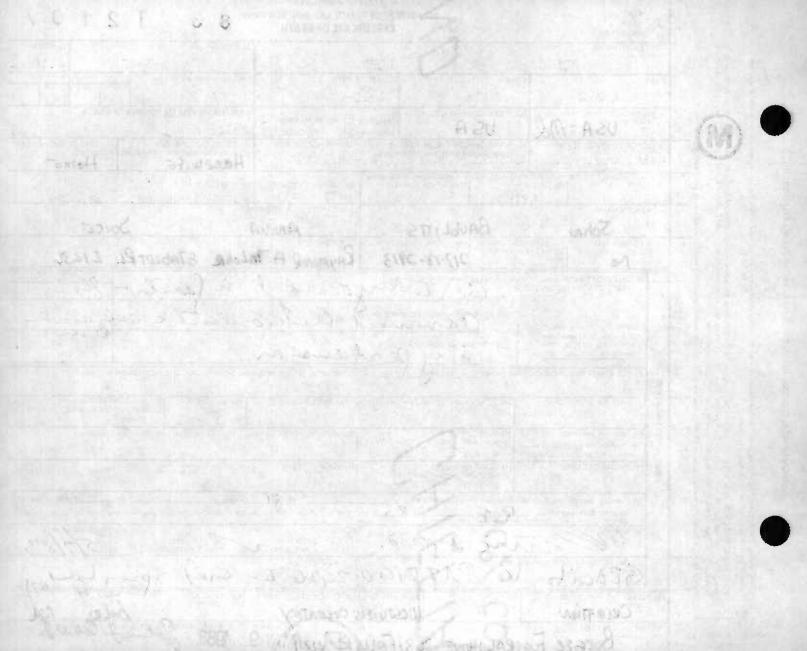
DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRA



George A. Weber & Sons Inc. - 705 S. Ann St.

PRESTON ST

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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100	3. SE:	Male		Whl	S. DATE OF BIRTH NOV 2, DAY 910 YEAR			6. AGE (IN YEAR	RS LAST BIRTHDAY	YRS.	THS DAYS	IF UNDER	24 HRS MIN.	
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30	14. FA	THER'S NAME Rufus	м	Lun	nley LAST		15. MOTHER'S	MAIDEN NAM		MIDDLE Harr	ingto	n LAS	т	
1		VAS DECEASED EVI YES, NO OR UNKNOWN)		J.S. ARMED FORCES? 166 SOCIAL SECURITY NO. A42 07 0581				17. INFORMANT ADD Virgie Lumley 1 C Maio			DRESS distone Ct. 21237 APPROXIMATE INTER BETWEEN ONSET AND I			
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	(Buri		23b. DATE May 24	Files Pi		of Fai	REMATORY th Cem	23d. LOCATE	ON	cc	ounty land	SI	TATE

7110 Belair

Baltimore, Md

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Homes, Inc. ADDRESS

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AND 212	13a. S		NTY	Rodgers Rodgers	N	YES NO XX	13e. STREET ADDRESS 6809 Bleni	Contracto	r		
MARY and 2		THER'S NAME Louis Walter		LAST		15. MOTHER'S MAIDEN NA/ FIRST Cathe	rine Thompson	LAST	LAST		
MORE,		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	219-18-4		17 INFORMANT	351POREST	James Rd.			
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OR he he bother Dep Dep		22b. SIGNATURE	14	,2		DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED			
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TO HOSPITAL retoined by th TO FUNERAL should be den with the State IMPORTANT: II			Gresser,			6112 York Ro		d. 21212			
	23a. 8	BURIAL, CREMATION, REMOVAL		23c. N		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY SI	TATE		
BP	-	Burial	6/3/83		Lot	idon Park	Baltimore Ci	ty, Maryland			
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72		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	Baltimore City of	OR COUNTY		M
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NT NT I		Danis R.	- Mar	Jaman,	, M.	ATTENDING PHYSICIAN 2	MEDICAL STA	FF CIAN []	27c. DATE	22-83 1227
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OM 1/B1 , 4)	24	FUNERAL DIRECTOR Balton NAME George J. Gonce		21225 ADDRESS		ven Memorial	Glen Br TE REC'D. BY REGISTRAR Y 2 3 1983		AR'S SIGNATI	UREO L

STATE OF MARYLAND

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Mitchell-Wiedefeld Home 6500 York Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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MPORTANT:

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT SAMUEL MASLAND 83 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTH Male White 95 9. BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? COUNTRY Pa. MARRIED NEVER MARRIED U.S. BALTIMORE COUNTY WIDOWED 174 DIVORCED D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TOWSON GREATER BALTIMORE MED. CENT ER Salesman Factory USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 130 STATE 136. COUNTS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS 13e. STREET ADDRESS 5408 Patterson Road Md. Baldwin NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Samuel Masland Sr. Rebecca Baxter Bainbridge Island 16b. SOCIAL SECURITY NO. 17 INFORMANT 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) (IF YES, GIVE WAR OR DATES) 216-05-8446 Mr. Walter Masland Washington 98110 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: GUILLIAN BARRE' IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MYOCARDIAL INFARCTION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 83 sow the deceased alive on 3/23
above, (I) we (did) (did not) view the body after death. and that in (my) our apinion death occurred on the date and hour and from the causes stated 22b. SHEN ATLAR DEGREE 22L DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN F PHYSICIAN 224 PHYSICIAN'S NAME TYPE OR PRINT 22ª ADDRESS DR H HAUPTMAN N CHARLES ST 21204 GBMC

DHMH - 16 50M 4/82

(VRA 15, 4)

Anatomy Board

24. FUNERAL DIRECTOR

23a BURIAL CREMATION, REMOVAL

Removal

5/24/83

ADDRESS Balto., Md.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

CITY OR TOWN

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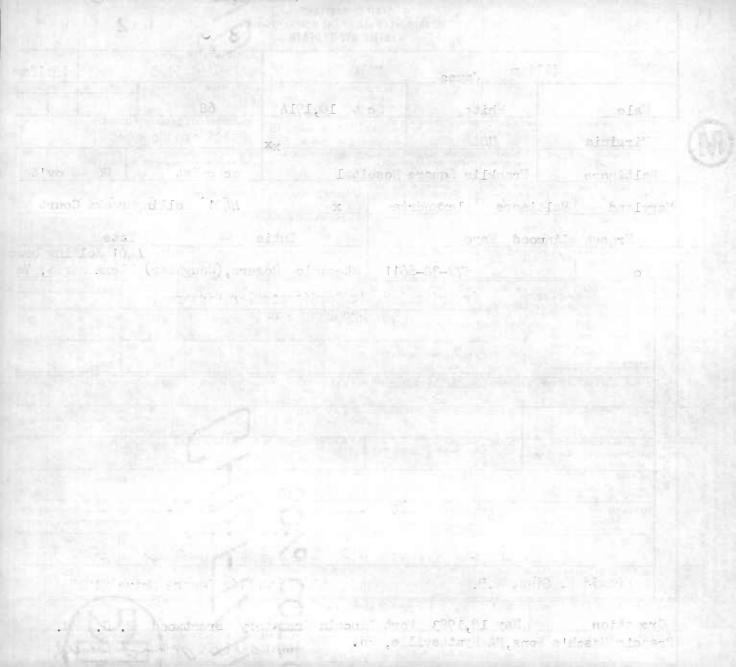
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(VRA 15, 4)



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•	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE.) PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		22a. I certify that I death resulted from: ACTUAL SIGNATURE	Notural con	e In	Accident L	Suicide	TITLE	Inspection [nicide	, Inquiry Undetermined mann	er .	DATE 2		
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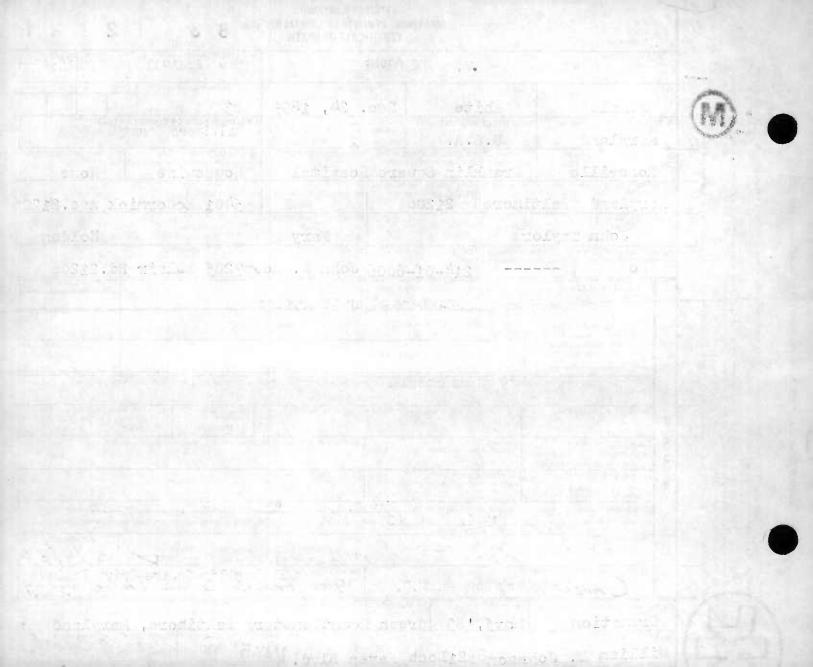
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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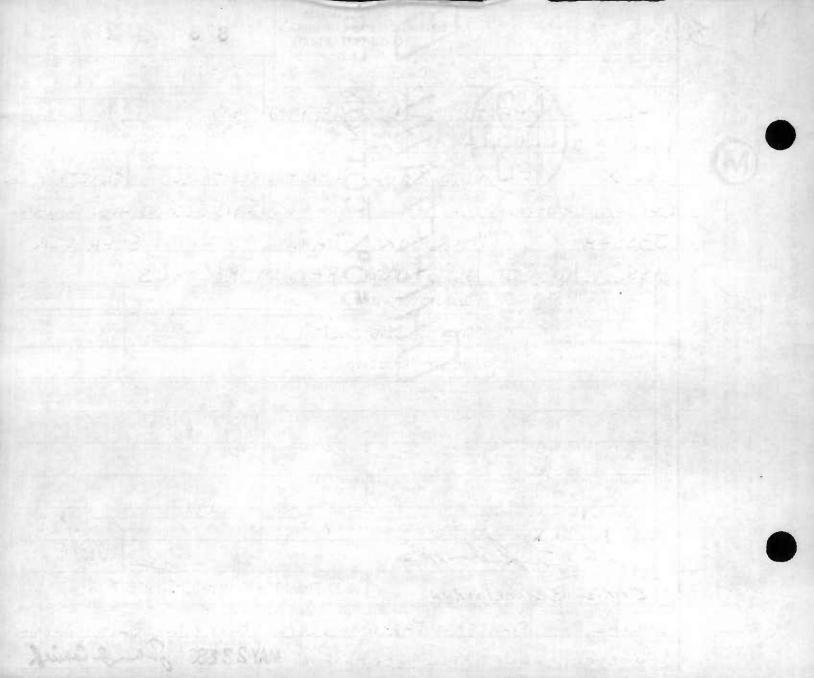


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DHMH - 16 50M 4/82 (VRA 15, 4) , And if a second of the secon



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	11.	FOR STATE	DEPARTM		ALTH AND MENTAL HYG	IENE 8 3	121	2 4
-		REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	é ém t	(made)
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OF SOF	3. SE		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS.
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e e e	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		OTHER INSTITUTION	120. USUAL OCCUPATION	1 126. KIND O	F BUSINESS OR
Officed the		Towson	Dulaney Towson	Nur	sing Home	(TYPE OF WORK FOR MOST OF W	nion Memoi	rial
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ATTEND Ssprtol o SCTOR: A of for use of for use of theo n 21 is m		sow the deceased alive a	1 4 10 5	tel 1	that in (my) (***) opinian o	death occurred on the date		that (I) (we) last
		above (fillwork(did) (did n	or new the body of a death.	55.5	EGREE		12t DATE	COSES STATED
OR he had he he he he he he he he he bep		11/5	VI		ATTENDING L	MEDICAL _ STAFF	//	16
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TO HOSP retained ITO FUNE should be with the Should be shou			F. Renher, M.			Paul St., Ba	alto., MD	
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(VRA 15, 4)	4	905 York Roa	d Balto., MD	212	12 14	b 1983		

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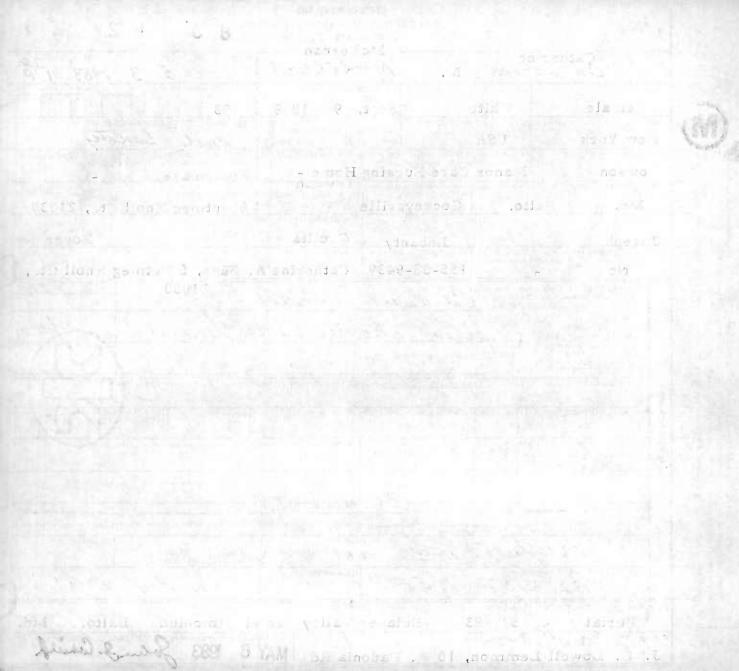
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Dr. William H. Ronner, W.D. - 1888- 25. Foul St., Felon, NE in Parket

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	IENE 8 3	0.	2 1	2 6	>
1		EASED NAME F	RST	MIDDLE		LAST		MONTH DAY	YEAR	2b. HOUR	_
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Ì	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS	_
V		Male	Wha	ite	Octo	ber 8, 1914	68	YRS.	HS DAYS	HOURS MIN.	
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4	14 FA	Michael	MIDDLE	McKew, LAST SI	c.	15. MOTHER'S MAIDEN NA Florence	ME M.	Snyder	r		
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ı	(1)	ES, NO NONKHOWN)	IF YES, GIVE WAR OR DATE:	212-01-	7412	Mrs. Margare	t M. McKew,	same a	s #13	Be .	
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		220.1 certify that (Kith saw the deceased above, (tyrwe) (did 22b. SIGNATURE Marin d 22d. PHYSICIAN'S NAM natividad	E TYPE OR PRINT)	Leon,		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	_ MEDICAL STA	ote and hour and	22c. DATE 5		st ·
	23a. B	URIAL, CREMATION, RE	MOVAL 23b. DATE	73c.	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION			STATE	=
	- (SPECIFY Cremation	n May	5,1983 V	Vestvi	ew Mem. Park	Baltimor		Mary:	a, Aic	
	24. FU	INERAL DIRECTOR NAME ICK TOWSON I		ADDRESS J	L050 Y	ork Road 250 DAT	E REC'D, BY REGISTRAR				3

DHMH - 16 50M 4/B2 (VRA 15, 4)

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	3. SE	X	4.	RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAY	
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1	10. C	ITY OR TOWN OF DEA	ATH 11	I. NAME OF I	HOSPITAL, NURSI	ING HOME (OR OTHER INSTITUTION	12g. USUAL OCCUPATI		12b. KIND	OF BUSINESS OR
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2		aryland			Baltimo		YES X NO	6101 Loch	Raven	Blvd.	21239
709	14. FA	ATHER'S NAME	MIF	DDLE	LAST	111111111111111111111111111111111111111	15. MOTHER'S MAIDEN NAM	ME			IAST
6	J	ohn		dward	McLauri	ine	Anna	MIDDLE		Feh	
h		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
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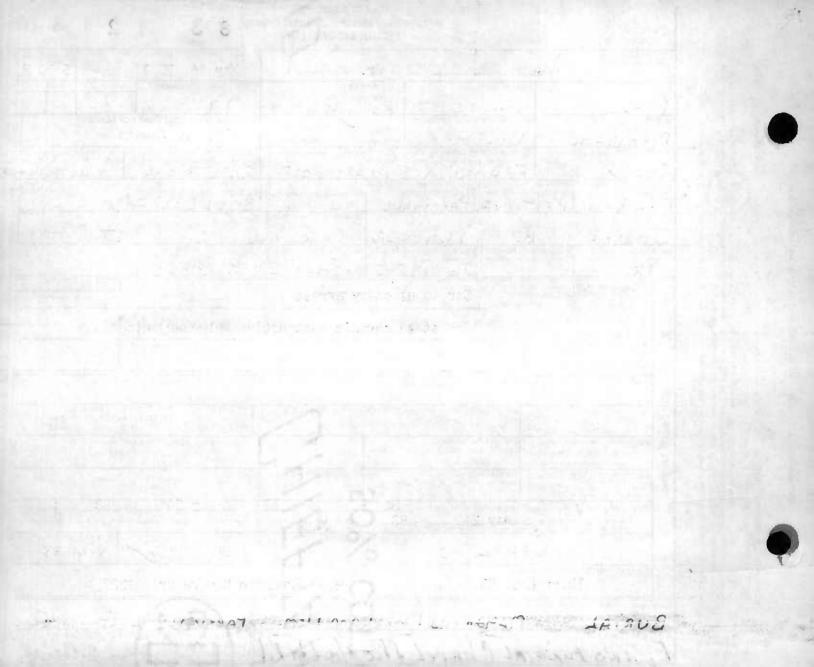
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	may be page 3 r death	3. SE	HILDA	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
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	death. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Baltimore	
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RYLA	within d 2 sho	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
WA	P G S		VOHN W.	COUNCILL	ARIA	NNA SPA	RKS
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BALT	hysicia papers. aval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), an	(c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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×	by t ase r I, cre athe		underlying couse last.	DUE TO, OR AS A CONSEQU	La Ca of selvis		
5, 201	y.	-	PART 2 OTHER SIGNIFICATE	COMPITIONS CONTRIBUTING TO	DEATH BUT NOT RECATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART I (a
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	Pit Pit Pit I	/	saw the deceased alive an above, (I) (we) (did) (did na	at) view he body fier death.	P3, and that in (my) (our) opinion	death occurred an the date and have	and from the causes stated
	OR A DIREC DOREC Dept.	Y	22b. SIGNATURE	MUD	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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	TO HOSP retained by should be with the Simport		dorge H. C	Ordbrez MI	0. 7620	York Rd, E	Solto, Md.
			SPECIFY P		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF LOWN	COUNTY STATE
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10	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH CERTIFICAT	I AND MENTAL HY E OF DEATH	8 3	5, NO.	121	2 9
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3	Male	4 RACE Cau	casian	5. DATE OF BIRT	18 03°	6. AGE (IN YEARS LA	ST BIRTHDAY) YRS.	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	o. Birthplace (STATE OR COMATY Land		N OF WHAT COUNTRY!	MARRIED I	NEVER MARRIED DIVORCED	Baltimore CIT	Y OR COUNT		MD.
iled in	Catonsvi	lle Mer	NE OF HOSPITAL, NURSI OT IN SUCH FACILITY, GIVE STREE idian Nsg.	CtrCato		120. USUAL OCCU (TYPE OF WORK FOR M Unknown	PATION pst of working rew C	126 KIND C INDUSTRY WE UNKNO	of Business or Own-shipp
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medico	was deceased ever (yes, no or unknown) Unknown	R IN U.S. ARMED FOR (IF YES, GIVE WAR OR D. UNKNOW	ATES) 212-07-8		r. George	Mohler 5	odress 30 Four		
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injury, or o		ERTER	NS CONTRIBUTING TO	DEATH BUT NOT F	SCVD	MINAL DISEASE OR C	ONDITION G	IVEN IN PART 1	D
ony in	19a. DATE OF OPERA 21a. ACCIDENT WAS UN	ATION 19b (CONDITION FOR WHICH	PERATION WAS	PERFORMED	200 AUTOPSY? YES □ NO	IN CERT	ES, WERE FIND IN TIFYING CAUSES YES	NGS USED OF DEATH?
or Hem]	21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEATH CICAL EXAMINER) RED 21e. F	TIME OF INJURY UR A.M. MONTH D P.M. PLACE OF INJURY OME. STREET, FACTORY, OFFICE.	19 211 L	OCATION	RRED (ENTER NATURE OF	OR TOWN	COUNTY	STATE
F frem 21 is morke	220.1 certify that (I	ORK (this hospital) atten	ded the deceased from.	3-19 ond that	E	n deoth occurred on the		22c. DATE	
with the State	5 AMBI	ANDAM ANDAM	BASKAR	AN 31	ADDRESS 4. /	LKINS ,	AVE	BALT 2122	IMORE
	30. BURIAL, CREMATION (SPECIFY) BURIAL 4 FUNERAL DIRECTOR	, REMOVAL 236. DA	ATE 23c	NAME OF CEMETE Lorraine	Pank Ceme		aun Bo	countr	Manyla
OM 4/82			0		MSn DA	JE REC'D, BY REGIST	RAR 75h	STRAR'S SKINIAT	1104

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(VRA 15, 4)



/ 1	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	GIENE 8 3	2 1 3 1
be be		CEASED NAME FIRST ANTHON	MIDDLE	MILI	20. DATE OF DEATH MONTH	22 83 * 3:10
se 4 moy be cror, page 3 s after death	3. SE	X \A_5	1. RACE	5. DATE OF BIRTH DSC. 22, 1922	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Page uneral direct in 72 hours.	da	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN BALT I MORE C	TY OF DEATH
form of the of	10. C	ITY OR TOWN OF DEATH	GBMC 6701 N. T.	WIDOWED DIVORCED DIVO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
ed within 241 mpletely fill ond 2 sholl excominer must be no	130.	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOWN	13d INSIDE CITY LIMITS2	130. STREET ADDRESS	Avs 212311
mpletely ond 2 sh	14. F.	ATHER'S NAME PIRITION	MIDDLE (AST	15. MOTHER'S MAIDEN NA		LAST
on and ca		c/	RMED FORCES? 166 SOCIAL SECURIVE WAR OR DATES)	RITY NO. 17 INFORMANT	RECORDS	
equires that the death certificate be execut a signed by the attending physician and co. Then please remove carban papers. Pages 1 readoual, cremanian, ar removal.	NO	PART I. DEATH WAS CAUSE LOO IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c)	YOCARDIAL INFAI		PETWERN ONSET AND DEATH 1 DAY SIVEN IN PART 1 ia
he low roon. on. permit. ene prior ows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (PPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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NDING PHY: I or offending R. After this use as the buse tealth and M. fealth and M. is morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	CITY OR TOWN	COUNTY STATE
TTENDI pital o TTOR: A far use of Heal		sow the deceased alive an	ital) attended the deceosed fram 5 - 22 19 8 21) view the bady after death.	5 – 12 , 19 <u>83</u> 3 , ond that in (my) (our) apinion	death accurred on the date and he	, 19_83, that (I) (we) last our and from the couses stated
TAL OR A y the hos RAL DIREC detached tate Dept. VI. If Item		226 SIGNATURE MA	ndur	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED 5-22-83
TO HOSPITAL (TO FUNERAL I should be deta with the State [IMPORTANT: If		M. MANDER		G BMC 670	1 N. CHARLES	ST
BP	0	BURIAL, CREMATION, REMOVAL SPECIFYS URIAL	0	AME OF CEMETERY OR CREMATORY RKWOOD CIM.	23d. LOCATION PARKVILLE R	STATE STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	JANS FUN	evalchapel		MAY 3 1 1983	

Committee of the last of the l THE PROPERTY OF EACH OWNER. LARS FRENCH CEMERLE MONTH HARLINE WILLIAM

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

H	7	FOR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE & "Z	2 1 3 2		
/	1	- STATE REGISTRAR		CERTIFICATE OF DEATH	, REG. NO.	a com		
		CEASED NAME FIRST CHARL	ES Louis M	ILLER	20. DATE OF DEATH MONTH	4-1983 9:19A		
4 4	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS		
1	-	Male	White	December 15,191				
K	Ja Bi	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT IMORE COUNTY OF DEATH			
	TOWSON 11. NAME (GB)		11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS CHARLES ST	Logistics Analy. Engineering			
35	130. S Ma	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOWN TIMONIC	N 13d. INSIDE CITY LIMITS?		Drive (21093)		
12	2	John C	Miller	Matilda	WIDDLE	Carle		
9		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS Tir	monium, Md		
medico			W 2 216-07-5	970 Mrs. Evelyr		Northwood Dr.		
MAPORTANT: If Nem 21 is marked ar Nem 18 shaws any injury, ar ather traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 1-19-83 CARCINOMA OF ESOPHAGUS/STOMACH 200. AUTOPSY? IN CERTIFYING CAUSES OF DEAT VESTION OF THE PROPERTY OF THE P						
18 81		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}		
rked or it	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	4 41 00	CITY OR TOWN	COUNTY STATE		
If Nem 21 is mo		saw the deceased alive or	ital) attended the deceased from 5-14 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	death accurred an the date and ha	, 19 , that (I) (we) lost our and from the causes stated		
MPORIANI		224. PHYSICIAN'S NAME (TYPE OF EDWARD P	RACE MD		1 N. CHARLES	ST. TOWSON		
2	1	BURIAL, CREMATION, REMOVAI	5/18/83 We	NAME OF CEMETERY OR CREMATORY estview Mem. Pai	rk Catonsville, B	alto. Co. Md.		
/82	1.5	emmon-Mitche	ll-Wiedefeld 10 10	Timonium, Md. 250 DA W. Padonia Rd. M	AY 1 6 198?	TRAP'S SIGNATURE		

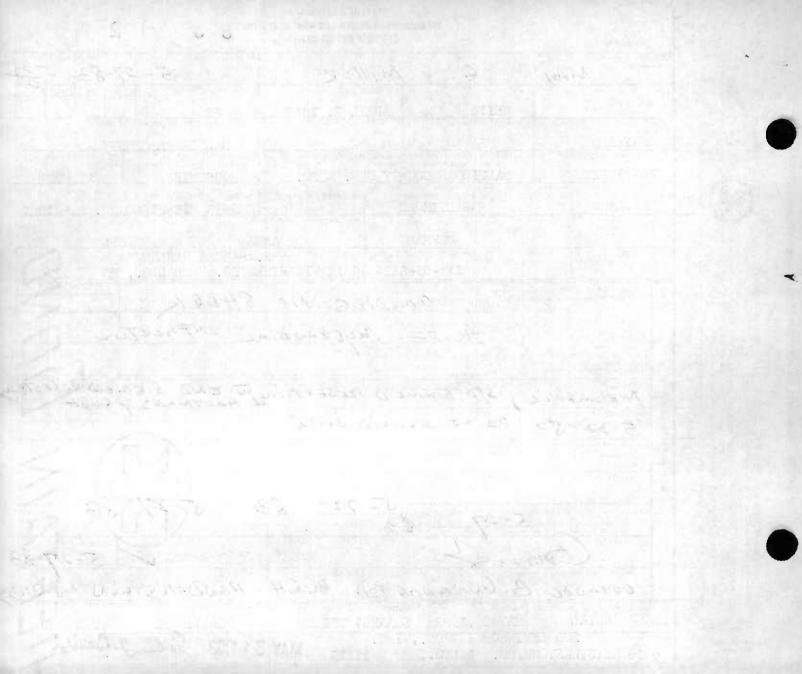
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IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumate

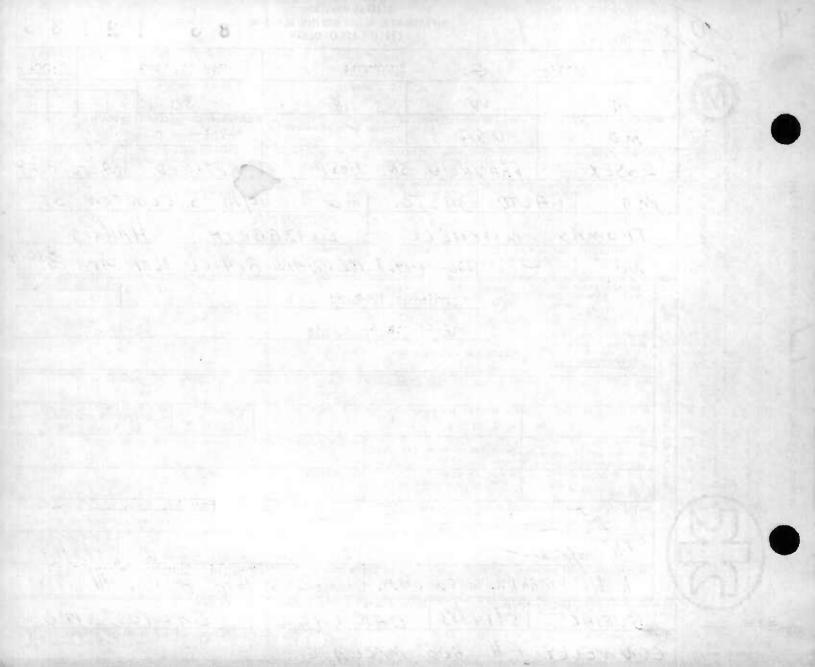
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40	1.	FOR STATE	DEPARTA	MENT OF H	IEALTH AND MENTAL HYG	IENE S 3	1 2	1 3 3	
1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	, ,	
		CEASED NAME FIRST	WIDDLE	, !	IZA	20 DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR	-
		MAy	9.	9. MillER		02.5	5-27-	83 5=3	
	3. SE	X	4 RACE	5. DATE C	on Ontiff	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER		
		FEMALE	WHITE	APR		68	YRS.	DAYS MOURS MIN.	
30		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEA	TH	
10		MARYLAND	USA	WIDOWE	DIVORCED	BALTIMO	DRE COUNTY	MD.	
1	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		DR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 12b. K	(IND OF BUSINESS OR	
22		RANDALLSTOWN	BALTIMORE COUL	NTY G	EN. HOSP.	HOUSEWIF		AT HOME	
11	USU,	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		13e. STREET ADDRESS		AT TRAIT.	-
35	I	MARYLAND	BALTIMORE YES		YES NO P		KFIELD RD	#21209	
	14 F	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	MOTHER'S MAIDEN NAME			-
30		LOUIS	MIDDLE LAST HEYMAN		ANN	MIDDLE	NOEL	LAST	
1	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO.		SAREBA AMA			-
1	1	VES NO OR UNKNOWN) (IF YES, GI	214-03-5	5123	6618 WICKFIE		ALTO., MD	21209	
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), one	Lic	TOOLS WIGHT IEI	D NO. D		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	=
		PART I. DEATH WAS CAUSE	D BY:		DEENIE	SHOGA	861	WEEN ONSET AND DEATH	-
		1533 IMMEDIA	1633						
		Conditions, if any, which (ib) Henter hugo CARDIAL INTARCTION							
	107	Conditions, if any, which gove rise to immediate	(b) / 1 C-CL-T-		000		042		mo
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	CONTRACTOR OF THE PARTY OF THE				
		DADI 2 OTHER SIGNIFICANT	(c)	FATUR BUY					-
	NO	DNELLM DNE	CONDITIONS CONTRIBUTING TO D	OID	resection	NO SE PERON	DII BY EVENUE	B CO COSTO	M
0	ATIC	190. DATE OF OPERATION	196 CONDITION FOR WHICH		9	200 AUTOPSY?	20b. IF YES WERE F	ullet	
4	FIC	5-22-82) Colon		IN CERTIFYING CA	AUSES OF DEATH?	
-	CERTIFICAT	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES 🗌	NO 🗌	
9	_	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	THE TION INSORT OCCORN	LD (ENTER NATURE OF INJU	RT IN ITEM IS PART I OR PA	(RT 2)	
1	DICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211, LOCATION				
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FA	RM. ETC)	STREET	CITY OR TO	WN COUN	NTY STATE	
			ital) attended the deceased from	5	72 02	3 0	27 0	2	
		sow the deceased alive on	5-27 190	72 . or	id that in (my) (our) opinion d	leoth occurred on the di	ote and hour and fra	the course stoted	
	V.	obove, (I) (we) (did) (did no 22b. SIGNATURE	t view the body ofter deoth.		DEGREE				10
		(Br	ATTENDING MEDICAL STAFF					7	
		22d. PHYSICIAN'S NAME TTYPE O	OR PRINT)		PHYSICIAN	DIRECTOR PHYSIC	IAN	2-11-05	?
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	77- 0	-00			10000	TAUUH	es chel	J " 211	2
	230. b	SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BALTIME	COUNTY	STATE	
	24 EI		EVINSON & BROS.,	TNC	EI TFILOH			IARYLAND	
	6	010 REISTERSTON	IN DD DATTADORESS W		WAY ?	REC'D BY REGISTR OF	156 REGISTR R'S	PARTURE	
11.	0	OTO KETSTEKSTON	VN RD. BALTO., M	D Z	21215 MAI	1 1000			



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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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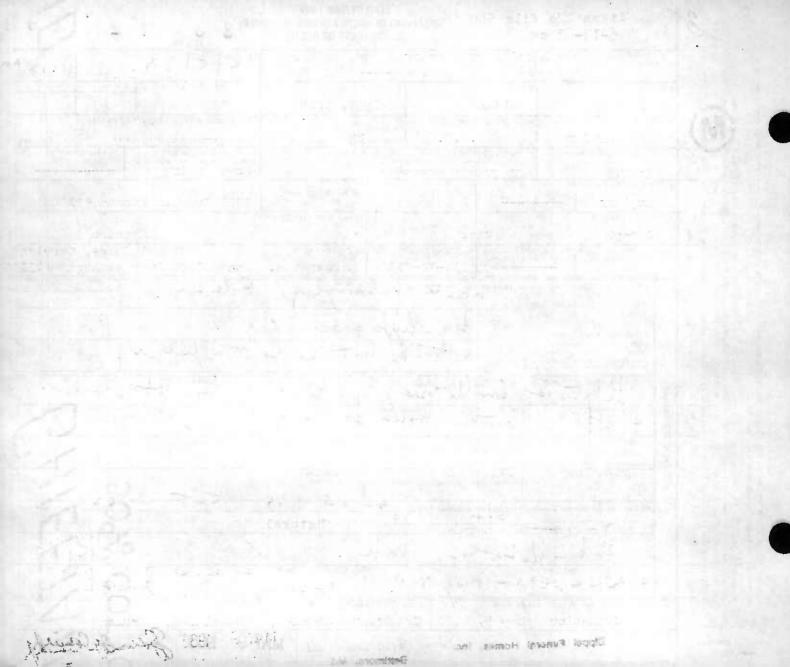
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(VRA 15, 4)

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Lergy M. & Russell C. Witzke Tuneral Homes P.A. 1630 Edmondson Atenue, Catonsville, Md. 21228

MIDDLE

FOR

- STATE

TYPE OR PRINTS

F DECEASED NAME

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15. 4)

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

DAY

YEAR

25,1983

IF UNDER 1 YEAR

INDUSTRY

Finance

Gerholtz

25 HOUR

12b. KIND OF BUSINESS OR

21228

APPROXIMATE INTERVAL BETWEEN ONSEX AND DEATH

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STATE

Md.

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250, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

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IF UNDER 24 HRS

20. DATE OF DEATH MONTH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	je -	em em
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	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 in retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely (lilled in by the furnish direction should be detached for use as the burial-transity permit. Then please remove carbon popers. Pages 1 and 2 should be first with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1	FOR STATE REGISTRAR	DEP	ARTMENT OF		GIENE 8 3	2	40
		MIDDLE	4-1-1	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
		IN L.	MC	DYER	MAY 5, 1983		M
		4. RACE			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		White		g. 20, 1905	77 YRS.	Jan	Min.
M.	aryland	76. CITIZEN OF WHAT COUNTY	MARRI				MD
To	owson	(IF NOT IN SUCH FACILITY, GIVE S Multi-Med	ical Ce	nter	120 USUAL OCCUPATION	12b. KIND O INDUSTRY	d. Gvt.
130 M	aryland 136 COU 8a7	INTY 13c. CHY OR	NOWN!	13d INSIDE CITY LIMITS? YES NO TO TO THE NAME OF THE N	AME	y Rd.	21234
			SECURITY NO.	17 INFORMANT	ADDRESS		
4			05 22		family records		
	PART I. DEATH WAS CAUS	only one couse per line for (a), (b ED BY: ATE CAUSE (a)	fast	-1. A	a of	BETWEEN C	MATE INTERVAL ONSET AND DEATH
NO	Conditions, if any, which gave rise to immediate couse (D), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	OUENCE OF	Color	MINAL DISEASE OR CONDITION GI	VEN IN PART 110	D
TIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION	DN WAS PERFORMED	IN CERT	FYING CAUSES	IGS USED OF DEATH?
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			0 17	DEGREE		ur and from the a	
	Hans I. Kor	etter. M.D.		22e ADDRESS 7600 C	Osler Drive		
1.	(SPECIFY)				CITY OR TOWN	COUNTY	STATE
24 F	UNERAL DIRECTOR		45	25a. DA			URE
	3. Si MM	TOUR OF PERMIT I DECEASED NAME (TYPE OR PRINT) JOH 3. SEX Male 10 BIRTHPLACE (STATE OR FOREIGN MATYLAND 10 CITY OR TOWN OF DEATH TOWSON JSUAL RESIDENCE (IF NURSING HOME OF MATYLAND 130 STATE 130 COL MATYLAND 14 FATHER'S NAME JOHN 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSHOLD ON TOWN OF DEATH CONDITION 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSHOLD ON TOWN OF DEATH CONDITION 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSHOLD ON TOWN OF DEATH (Enter or PART I. DEATH WAS CAUSHOLD ON TOWN OF DEATH (Enter or PART I. DEATH WAS CAUSHOLD ON TOWN OF DEATH (ENTER OR TOWN OF THE PART I. DEATH WAS CAUSHOLD ON TOWN OF THE PART I. DEATH I	1. DECEASED NAME I. DECEASED NAME II. DECEASED NAME III. NAME OF HOSPITAL, NU (IF NOT INSUCH FACILITY, GIVE S MULTI—Med III. NAME OF HOSPITAL, NU (IF NOT INSUCH FACILITY, GIVE S MULTI—Med III. NAME OF HOSPITAL, NU (IF NOT INSUCH FACILITY, GIVE S MULTI—Med III. CHOT INSUCH FACILITY, GIVE S MULTI—Med III. CHOT INSUCH FACILITY, GIVE S III. COUNTY Maryland III. FATHER'S NAME JOHN III. FATHER'S NAME JOHN III. CHO INSUCH FACILITY, GIVE S III. COUNTY III. FATHER'S NAME JOHN III. CHO INSUCH FACILITY, GIVE S III. COUNTY III. CHO INSUCH FACILITY, GIVE S III. COUNTY III. FATHER'S NAME JOHN III. CHO INSUCH FACILITY, GIVE S III. COUNTY III. FATHER'S NAME JOHN III. FATHER'S NAME JOHN III. CHO INSUCH FACILITY, GIVE S III. COUNTY III. CHO INSUCH FACILITY, GIVE S III. CAUSE OF DEATH III. COUNTY III. CHO INSUCH FACILITY, GIVE S III. CAUSE OF DEATH III. COUNTY III. CHO INSUCH FACILITY, GIVE S III. CAUSE OF DEATH III. COUNTY III. CHO INSUCH FACILITY, GIVE S III. CAUSE OF DEATH III. COUNTY III. COUNTY III. COUNTY III. COUNTY III. COUNTY III. C	TOWSON 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME 13. SEX White S DATE WHOW WHOW WHOW WHOW WHOW S SUCH ACRITY, ONE STREET ADDRESS! MARRILL TOWN S STREET ADDRESS! MARRILL TOWN S SULLA RESIDENCE (IF NURSING HOME OF CITER INSTITUTION OF RESIDENCE BEFORE ADMISSION 138 CALLS S TATE S DATE WHO NO S WHITE S DOWN S SULLAR RESIDENCE (IF NURSING HOME OF CITER INSTITUTION OF RESIDENCE BEFORE ADMISSION IS COUNTY S SULLAR RESIDENCE (IF NURSING HOME OF CITER INSTITUTION OF RESIDENCE BEFORE ADMISSION IS COUNTY S SULLAR RESIDENCE (IF NURSING HOME OF CITER INSTITUTION OF RESIDENCE BEFORE ADMISSION IS COUNTY S SULLAR RESIDENCE (IF NURSING HOME OF CITER INSTITUTION OF RESIDENCE DEFORM IS COUNTY S SULLAR RESIDENCE (IF NURSING HOME OF CITER INSTITUTION OF RESIDENCE DEFORM IS COUNTY IS CHYOR TOWN IND IS CHYOR TOWN IND IS CHYOR TOWN IND IS CHYOR TOWN IND IS CHYOR TOWN IS CHYOR TOWN IS CHYOR TOWN IND IS CHYOR TOWN IS CHYOR TOWN IS CHYOR TOWN IND I	TOWSON JOHN JOHN MOYER J. SEX JOHN MARCE MARCE White MARCE White Aug. 20, 1905 MARRIED ANAME JOHN MOYER J. COLUMN OF WHAT COUNTRY MARCE MARCE White MARCE White MARCE MARCE MARCE White MARCE MARCE White MARCE MARCE White MARCE MARCE MARCE MARCE White MARCE MAR	TOWSON IS CITY OF TOWN OF DEATH IS STATE TOWN AND THE THE TOWN OF THE TOWN OF THE TOWN OF THE THE TOWN OF THE TOWN OF THE THE TOWN OF THE THE TOWN OF THE TOWN O	The REGISTAR FROM THE REGISTAR FROM THE REGISTAR

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2	lı	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 3	12	141
o to		CEASED NAME FIRST	MIDDLE	MULKERN	20. DATE OF DEATH May 26,	MONTH DAY YEAR	8:10an
safter death	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DA	
72 hour	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
	1 0	OSSVILLE	11. NAME OF HOSPITAL, NUR. (NE NOT IN SUCH FACILITY, GIVE STR.	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI {TYPE OF WORK FOR MOST O		D OF BUSINESS O
nould be	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP		ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21221	FT. 22
ond 2 sh	14. F	THOMAS	MIDDLE CARTER	15. MOTHER'S MAIDEN NA FIRST CARRIE			LAST
S. Pages 1			MED FORCES? 166 SOCIAL SE VE WAR OR DATES)		PERS 1.5	7 LANG	LET 1
hen please remave carb to burial, cremation, ar r jury, ar other traumatic	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEG	DUENCE OF ODEATH BUT NOT RELATED TO THE TERA			1ta
it permit. Tiene prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	
Mental Hygi Mental Hygi or Item 18 sh	MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	?)
th and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFIC		CITY OR TO		STATE
etoched for use ite Dept. of Heo T. If Item 21 is m		22a. I certify that (K (this haspi saw the deceased alive on above, (K (we) (did) (did) 22b. SIGNATURE	tal) attended the deceosed from May 26, 19 (1) view the body ofter death.	DEGREE ATTENDING	to May 26 death accurred on the do	ite and hour and from t	_, that X (we) lothe couse}(stated) (TE SIGNED) /26/83
should be de with the Stot		224 PHYSICIAN'S NAME (TYPE C	nn, M.D.	22e ADDRESS	nklin Square		37
3 8	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DAJE 23 5/28/83	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN BALT	COUNTY	STATE
50M 4/B2	24 F	UNERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR	256 APGISTRAR'S SIGN	Court

	10/3/1		
		4,23	Carra Carra
	7246 3	Samuel S	Kasamara L
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(1-	STATE REGISTRAR			DEFARIA		ICATE OF	DEATH	REG. P	NO.	2	4 2
		CEASED NAME	FIRST		IDD1E	l.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	2	OR PRINT)	HI	LOA NI	AOMT	n	IUMM	A		5	9 83	8 2 PM
	3 SEX	X		4 RACE		5. DATE C			6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Fomal	0	4	'hi+a	MONTE	DAY 3	92	91	YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	-		9 BALTIMORE CITY			
5		nnsylvania	7	U.S.A.		WIDOWE	D NEVER	MARKIED W	Baltin	none (Carmtu	MD.
-		ITY OR TOWN OF DEA		11. NAME OF H	OSPITAL, NURSIN	G HOME C			120 USUAL OCCUPAT	TION	12b, KIND O	F BUSINESS OR
5		undallstown		Baltimos	re County	1 Gene	eral Ho	spital	Home mak	of working er	INDUSTRY	
K	13a S Ma	AL RESIDENCE (IF NURS STATE Cry land	136 COU		ISC. CITY OR TOW		13d INSIDE	7.7	13e STREET ADDRESS		2	1201
1	_	THER'S NAME	Dave	anore			YES [NO A	7838 Dunh	266 V	rllage (rele
200		FIRST		MIDDLE	LAST 7			FIRST	MIDDLE		LAS	r_
16		Robert VAS DECEASED EVER	INTER A F	Annan	Haley	DITYNIO	Mary	ANIT	Eliza	beth	Snoup	fer
1	()	YES, NO OR UNKNOWN)		E WAR OR DATES)			17 INFORM	Mr.	Leonard		mma	
	n	.0			217-22-3	3049	3506 N	lelody i	Lane Balti	more.		nd 21207
	NO	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which nediote g the lost.	DUE TO, OR DUE TO, OR DUE TO, OR (c)		NCE OF NCE OF	RRES	T	RREST -	NDITION G	SIVEN IN PART 110	2
	ATIC	19a. DATE OF OPERAT	TION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDIN	IGS USED
2	LIFIC								YES TO NOT		TIFYING CAUSES YES	OF DEATH?
9	CAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DE	AID.	MONTH DA	Y YEAR	21c HOW IN	NJURY OCCUR	RED (ENTER NATURE OF INJ			NO D
	MEDICAL	WHILE NOT WHAT WORK AT WORK	ILE	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATA		CITY OR T	OWN	COUNTY	STATE
1		22a. I certify that (1) sow the decease above, (1) (we) (c	ed olive on	form	9 19	F5 /	nd that in (my	, 19	deoth occurred on the o	odote and h		that (I) (we) lost couses stated
		22b. SIGNATURE		1	1		DEGREE				22E DATE	SIGNED
	1		0	onn	Late	M	- D.	PHYSICIAN [MEDICAL STA		5-	9-83
		22d PHYSICIAN'S NA	AME (THE	ment)	/		22e ADDRES	SS		. 12		

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

MPORTANT: If hem 21 is

230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE

Burial 5-13-83 Lorraine Park Cemetery Woodlawn Baltimore Maryland 24 FUNERAL DIRECT Pring Byers Funeral Directors, Inc. 250. DATE FOR BY 1998 AP 250. BY

mover the facilitains

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER 1 YEAR

Spicer

YES [

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

22c. DATE/SIGNED

83

17

2b HOUR

HOURS

12b. KIND OF BUSINESS OR

ment

21105

NO [

STATE

IF UNDER 24 HRS.

FOR

24 FUNERAL DIRECTOR

J.J. Hartenstein, New Freedom,

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

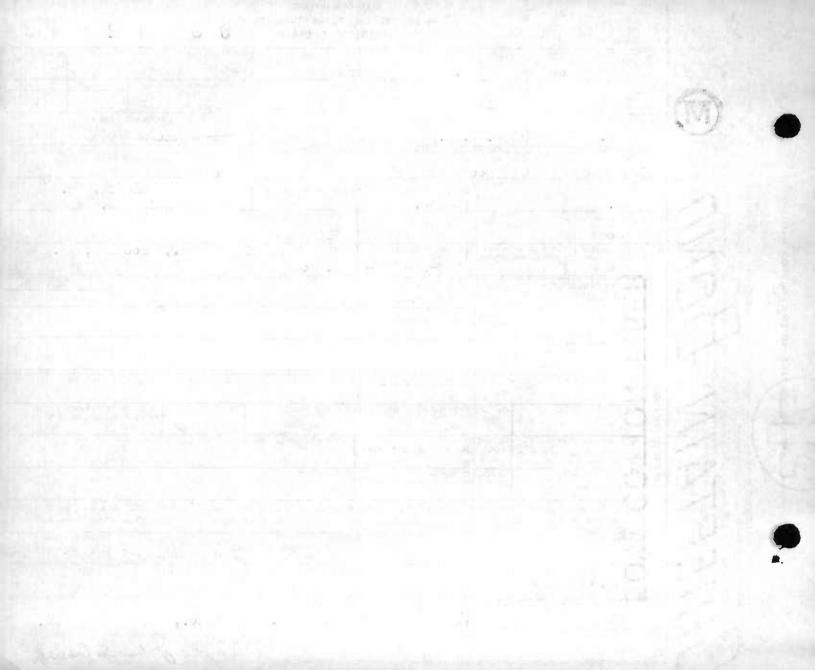
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	green's			Isism	
Mary Carry All LA.	**	The month to	ick, Inc. I	Leonard J. In	

21229

FOR

(VR A 15 (4))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5/20/83 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 MITCHELL-WIEDEFELD HOME, INC. (VRA 15, 4)

FOR

REGISTRAR

- STATE

6500 York Rd.

LINCHER 1. YEAR

INDUSTRY

COUNTY

STATE

STATE

12b. KIND OF BUSINESS OR

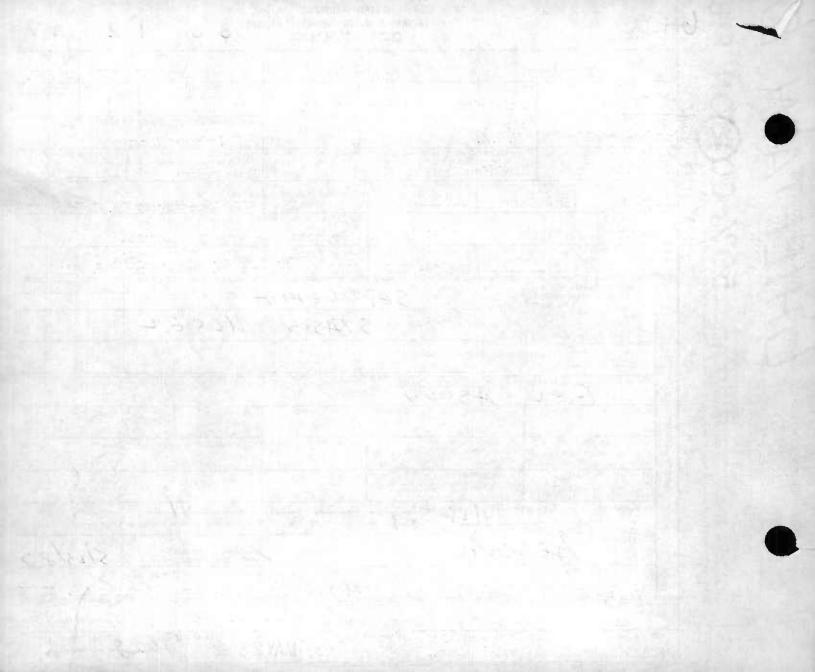
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8728 Liberty Road Randallstown, Maryland 21133 MAY 23

DIVISION OF VITAL RECORDS

(VRA 15, 4)

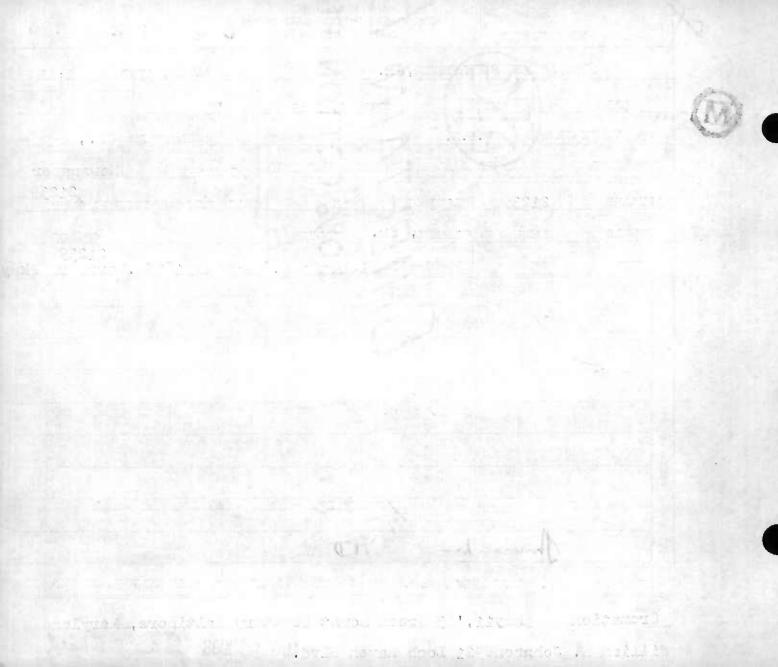


- STATE XC 15739723 CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) THOMAS MILES NEATHERY . JR. MAY 10, 1983 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH MALE WHITE AUGUST 6. 1909 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED VIRGINIA U.S.A. DIVORCED WIDOWED BALTIMORE CO. . 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE VETERANS ADMINISTRATION HOSPITAL INDUSTRY FORT HOWARD Newspaper PRINTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NA COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND 21239 BALTIMORE 635 EAST NORTHERN PARKWAY FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Sr. THOMAS MILES NEATHERY LILLIAN GRUBBS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT 21239 (IF YES GIVE WAR OR DATES) YES IIWW 238-01-9150 Dorothy H. Neathery1635E. Northern 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY: SQUAMOUS CELL CARCINOMA OF TONSILS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | a DIVISION OF VITAL RECORDS, CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER PM 19 71d INJURY OCCURRED 211. LOCATION ō 21e PLACE OF INJURY pug AT HOME STREET, FACTORY OFFICE, FARM ETC) CITY OF TOWN COUNTY NOT WHILE to MAY 10 220.1 certify that (IXthis haspital) attended the deceased from FEBRUARY saw the deceased alive on MAY 10 above X (we) (did) (dXXot) view the bady ofter death. and that in (X) (our) apinion death occurred on the date and hour and from the causes stated 83 22b SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF marani ha ATTENDING MAY 10, 1983 PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT SRINIVASAN L. NARASIMHAN, M.D. VA MEDICAL CENTER, FORT HOWARD, MD 230 BURIAL CREMATION REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation May11, 83 Green Mount Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1

William E. Johnson8521 Loch Raven Blvd MAY 1

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND	
-------------------	--

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

83

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

- STATE REGISTRAR		A PROPERTY OF	CERTIFICATE OF DEATH			
ECEASED NAME	FIRST	MIDDLE	LAST 7	20. DATE O		
PE OR PRINT)	MARTHA	Margaret	Neilson NVENZSON			

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!

4. RACE 5. DATE OF BIRTH

White

March 22, 1897

86 BALTIMORE CITY OR COUNTY OF DEATH

Retired Clerk

MIDDLE

105 West 39th St

MONTH

0.5

FDEATH

6. AGE LIN YEARS LAST BIRTHDAY)

76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OF FOREIGN Maryland U.S.A. II CITY OR TOWN OF DEATH

MARRIED NEVER MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

NO F

BALTIMORE COUNTY 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)

13e. STREET ADDRESS

126. KIND OF BUSINESS OR INDUSTRY

21218

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7	d	TOWSO	N
P	USUAL 13g. ST.	RESIDENCE ATE	I IF NURSING H

Maryland

Female

COUNTY MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

Baltimore Neilson

13c CITY OR TOWN

GREATER BALTO. MED. CENTER

15 MOTHER'S MAIDEN NAME Kathrun

LAST 2

6a	Peter
60.	WAS DECEASED EV
-	(YES, NO OR UNKNOWN)

14. FATHER'S NAME

166 SOCIAL SECURITY NO. ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 213-01-0075

17 INFORMANT

YES K

ADDRESS Mrs Dolores Nelson

2602 Matthews Dr

IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate

couse (a), stating the

underlying cause last.

PART I. DEATH WAS CAUSED BY:

MYOCARDIAL INFARCTION

CARDIOGENIC SHOCK

DUE TO, OR AS A CONSEQUENCE OF

83

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

> NOT WHILE AT WORK

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19 21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

21f LOCATION

CITY OF TOWN 5/ IZ

23d LOCATION

CITY OR TOWN

Baltimore

COUNTY STATE

NO [

22a.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an 226. SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death DEGREE

ATTENDING PHYSICIAN

83

22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN X

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ROBERT STOLTZ, M.D.

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Lorraine Park

GBMC - 6701 N. CHARLES STREET 21204

FUNERAL

24 FUNERAL DIRECTOR DHMH - 16 50M 4/R2

CERTIFICATION

18

20

0 ij

should be IMPORT,

Burial

230. BURIAL, CREMATION, REMOVAL

Leonard J Ruck Inc. Baltimore, Maruland

5/14/83

236. DATE

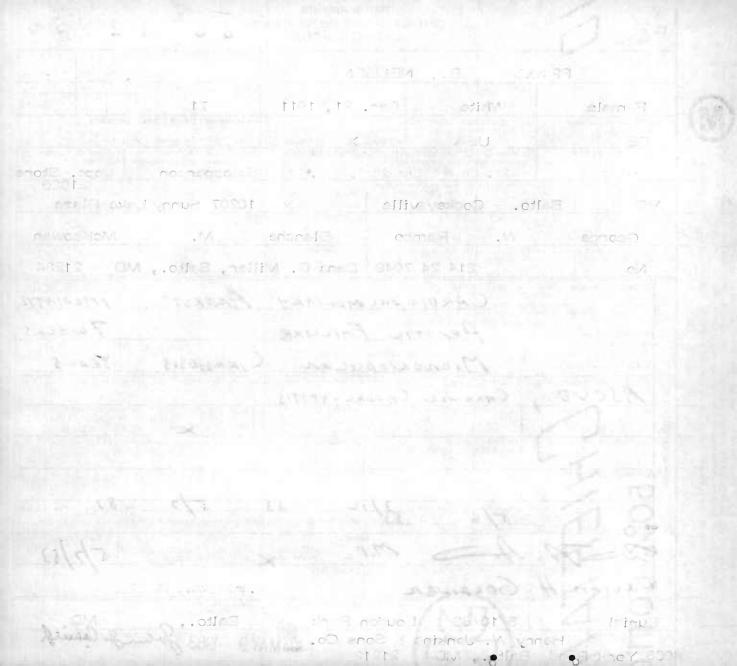
25a. DATE REC'D. BY REGISTRAR

83

(VRA 15, 4)

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		THE SHALL			

	1						TATE OF MARYLAND		-				
6,	1.	FOR STATE REGISTRAR			DEF		OF HEALTH AND MENT RTIFICATE OF DEAT		^E 8	3 REG. NO.	-1	2	5 0
1		CEASED NAME	FIRST	ZALVIV.	WIDDLE		LAST	20	DATE OF	DEATH MO	NTH D	AY YEAR	26. HOUR
4 00	(CAPANAI)	FRA	NCES	В.	NE	LSON			Ma	av 7.	1983	12:30p
E 81 2 2	3. SE	х		4. RACE			ATE OF BIRTH		AGE (IN Y	ARS LAST BIRTHDA		F UNDER 1 YEAR	
TAN .		Female		Wh	ite	D	ec. 21, 19	777		71	YRS.	UNINS	HOURS MIN.
S. MALL	7a. B	IRTHPLACE (STATE OR FI	OREIGN .	76. CITIZEN OF	WHAT COUN	VTRY? 8.	RRIED NEVER MARR	PIED 7	BALTIMO	RE CITY OR C	OUNTY	OF DEATH	- 11 94
1 44		DE	5.73	U	JSA			CED 🗆	Ba	ltimore	e Cou	intv	MI
1 11 200	10 C	ITY OR TOWN OF DEA	тн	11. NAME OF	HOSPITAL, N	URSING HO	ME OR OTHER INSTITUT		a USUAL C	CCUPATION FOR MOST OF WO		126. KIND (OF BUSINESS OR
1 11 100		Towson			_		ital. Inc.			persor			. Store
2 53 1	U5U	AL RESIDENCE (IF NURSI	NG HOME OR		13c CITY OF		(13d. INSIDE CITY LI		e. STREET				21030
7 11 10		MD	Bal		Cockey				10207	Sunn	y La	ke Pl	aza
2 2 4	14. F.	ATHER'S NAME	2275	MIDDLE	LAS		15. MOTHER'S MA			WIDDLE			
4 44 180		George		W.		ambo	Blar	nche		WIDDIE		McK	eowan
\$ 8- 8T		WAS DECEASED EVER			16b. SOCIAL	SECURITY	O. 17. INFORMANT			ADDRESS			
* co #/	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214 2	4 704	9 Dana G	. Mil	ler,	Balto.	, N	ID	21234
the person		18 CAUSE OF DEATH	(Enter on	y one cause pe	r line far (a), ((b), and (c).)			de			APPRO) BETWEEN	MATE INTERVAL
the physical street of the str	1/8	PART I. DEATH W.	AS CAUSE	E CAUSE (a)	party .		LL MONAR	ey .	Alex	RRST		117	EDIATIE
deng orbo		5715	TANA CE DIA		ORAS A CON	,							
Men de contraction de		Canditions, if ony,	which	((b)_	HEPI	4T/C	FAILUR	RIE.				70	VEEKS
4 4 1 1		gove rise to imm	ediote)	DRAS A CON	SEQUENCE					-		
thot d by lease iol, cr		underlying cause		(6)	ALC:		POYLAR		IRA	HOSIS		YEA	125
ined in plec		PART 2 OTHER SIGN	IFICANT C	ONDITIONS C			BUT NOT RELATED TO 1	THE TERMINA			ION GIVE	N IN PART 1	0.
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OR ATTENI te hospitol DIRECTOR: oched for us Dept. of He		sow the decease above, 恢 (we) (d	d olive on	I) view the hady	cotter death	19	ond that in (mx) (aur)) opinion deo	th occurre	d on the dote	and hour	and from the	couses stated
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1050 York Road

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😁

1. DECEASED NAME		REGISTRAR		CEI	RTIFICATE OF DEAT	H O	REG. NO.	-			
SEX FEMALE SAFE SAFE OF BRTH SAFE OF CORDINATION SAFE OF SAFE SAFE OF SAFE	1		MIDD	LE	LAST	2a. DATE C		DAY YEAR	2b. HOUR		
FEMALE WHITE OCTOBER 11, 1898 B4 985 WEST CONTROL COUNTY PART COUNTRY PART COUNTRY PART TO		(TYPE OR PRINT)	MARY	BOANE	NOBLE	MAY 2	20, 19B3		7:31pm		
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MARYLAND U.S.A. WIDOWED NORCED BALTIMORE CUTY OR COUNTY OF DEATH U.S.A. WIDOWED NORCED BALTIMORE CUTY OR COUNTY M. MARRIED NORCED BALTIMORE CUTY OR COUNTY M. M. MARYLAND U.S.A. WIDOWED NORCED BALTIMORE CUTY OR COUNTY M.		FEMALE	WHITE				YRS.	MOINING DATS	MIN.		
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136 STATE			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRES	(S)	(TYPE OF WO	ORK FOR MOST OF WORKING L	LIFE) INDUSTRY			
SECORGE MODE BOANE GEORGE WAS DECEASED FOR IN U.S. ARMED FORCES? 188. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 186. WAS DECEASED FOR IN U.S. ARMED FORCES? 188. SOCIAL SECURITY NO. 214-20-5856 MRS. JANE SKUTCH 801 OLMSTEAD RD. 21208 18 CAUSE OF DEATH Enter only one couse paying for ion, ib., and is. ANDRESS MRS. JANE SKUTCH 801 OLMSTEAD RD. 21208 18 CAUSE OF DEATH Enter only one couse paying for ion, ib., and is. ANDRESS MRS. JANE SKUTCH 801 OLMSTEAD RD. 21208 18 CAUSE OF DEATH Enter only one couse paying for ion, ib., and is. ANDRESS MRS. JANE SKUTCH 801 OLMSTEAD RD. 21208 18 CAUSE OF DEATH Enter only one couse paying for ion, ib., and is. ANDRESS MRS. JANE SKUTCH 801 OLMSTEAD RD. 21208 18 CAUSE OF DEATH Enter only one couse paying for ion, ib., and is. ANDRESS MRS. JANE SKUTCH 801 OLMSTEAD RD. 21208 18 CAUSE OF DEATH Enter only one couse paying for ion, ib., and is. ANDRESS MRS. JANE SKUTCH 801 OLMSTEAD RD. 21208 20 Conditions, if ony, which gove rise to immediate couse ion, stating the underlying couse lost. 218 DATE OF OPERATION 190 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE SE OR CONDITION GIVEN IN PART 1100 18 DATE OF OPERATION 190 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE SE OR CONDITION GIVEN IN PART 1100 18 DATE OF OPERATION 190 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE SE OR CONDITION GIVEN IN PART 1100 18 DATE OF OPERATION 190 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE SE OR CONDITION GIVEN IN PART 1100 210 Laccord Name (In Contributed Con		3a. STATE	13c	CITY OR TOWN	13d INSIDE CITY LIA		BEECHFIEL	D RD.	21229		
TEST MODE DEMONSORY 19 YES, GREWAND OF DATE) 214-20-5856 MRS. JANE SKUTCH 801 OLMSTEAD RD. 21208	U	GEORGE			FIRST				51		
18. CAUSE OF DEATH (Enter only one couse per limit for io), (b), and (c)	1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)								
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22d. I certify that (I) (this haspital) attended the deceded from STREET CITY OR TOWN saw the deceased alive an Doove, (I) (we) (did) (did nat) view, the body prier death, DEGREE 22d. PHYSICIAN'S NAME (TYPEOP PRINT) DEGREE 22d. PHYSICIAN'S NAME (TYPEOP PRINT) DEGREE 22d. PHYSICIAN'S NAME (TYPEOP PRINT) DEGREE 22d. DETERNATION, REMOVAL 23b. DATE 23d. BURIAL, CREMATION, REMOVAL 23b. DATE		NAME OF OPERATION				YES 🗆	NO NO Y	IFYING CAUSES	OF DEATH?		
220. I certify that (I) (this haspital) alrended the deceased from saw the deceased alive an bove, (I) (we) (did) (did not) view the body after death. DEGREE TENDING MEDICAL STAFF HYSICIAN'S NAME (TYPE OF PRINT) PHYSICIAN DIRECTOR PHYSICIAN 224. DATE SIGNED WELL WELL STAFF HYSICIAN'S NAME (TYPE OF PRINT) DEGREE 226. DATE SIGNED WELL WELL STAFF HYSICIAN DIRECTOR PHYSICIAN WELL STAFF STAFF HYSICIAN DIRECTOR PHYSICIAN WELL WELL STAFF HYSICIAN DIRECTOR PHYSICIAN WELL WELL STAFF HYSICIAN DIRECTOR PHYSICIAN WELL W	1	OR COLUMN TO CALLET OCC	DEATH HOUR A.M.	MONTH DAY Y	EAR 19	OCCURRED (ENTER					
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22d PHYSICIAN'S NAME (TYPE OF PRINT) RAMON S. PINENTEL 127 ADDRESS AMON S. PINENTEL 127 ADDRESS 130. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 21 SLATE 7		saw the deceased alive a bave, (I) (we) (did) (did	" lin	Red from	DEGREE	DING MEDICA	STAFE	our and from the	causes stated		
(SPECIFY) CITY OR TOWN COUNTY STATE	1	RAMON !	S. PIM	ENTE	1 ADDRESS	1 4112	ENTY	ROAD	BALTO		
BURIAL 5-23-83 BALTIMORE NATIONAL BALTIMORE MARYLAND 2		23a. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	23b. DATE 5-23-83		OF CEMETERY OR CREMA IMORE NATION	CI	TY OR TOWN		21207		

DHMH - 16 50M 4/B2

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove corban papers. Pages A and 2 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages A and 2 should the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

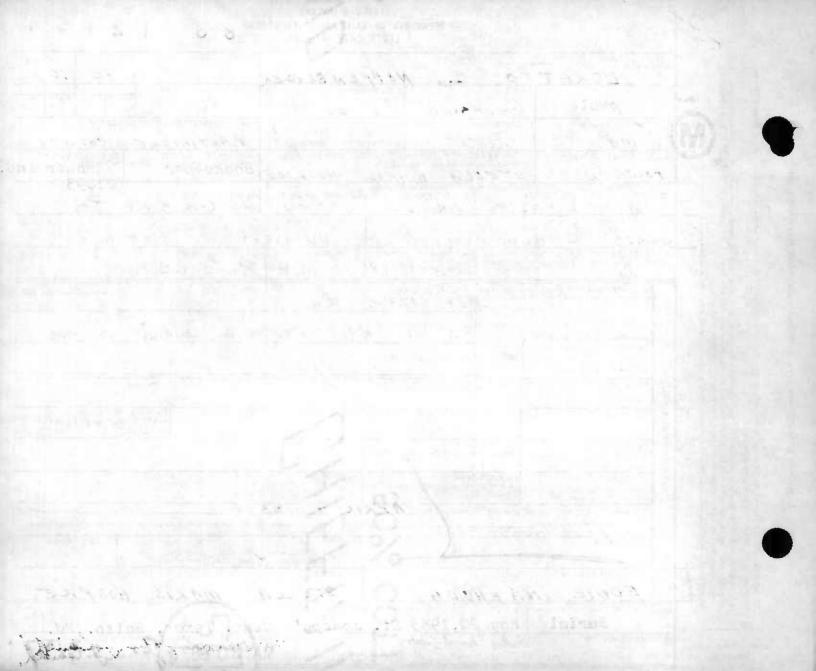
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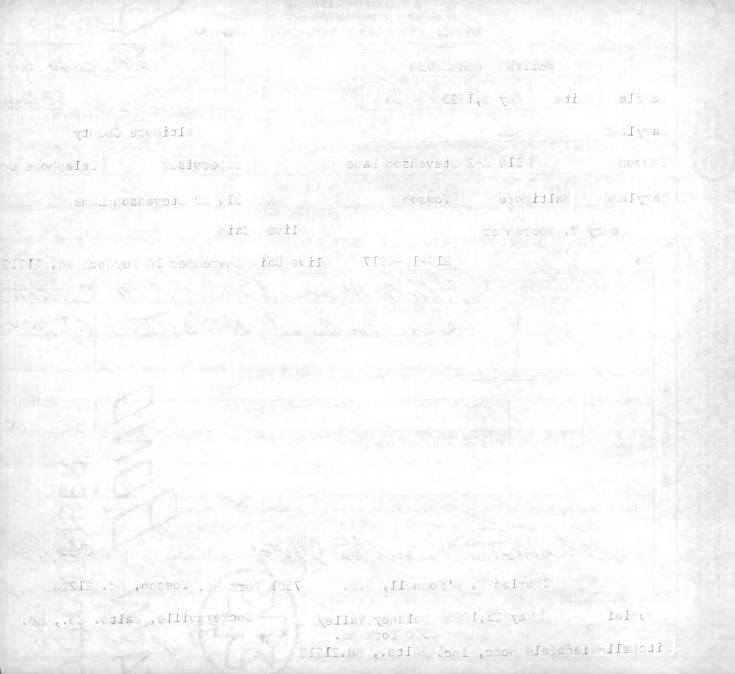
RUSSELL C. WITZKE AD FRUNERAL HOMES (VRA 15, 4) 1630 EDMONDSON AVENUE BALTIMORE MD. 21228

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DIVISION OF VITAL RECORDS,



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	-		EASED NAME			WIDDLE		1.	AST			20. DATE KNOWN OF ESTI-	HMOM	DAY YEAR	26 HOUR
SSARY, PLEASE BAL DIRECTOR R YOUR FILES. HIN 72 HOURS	E L			*	TTYE OBE	REND						DEATH MATED	21/12	420183	SAM
종등로호	STRE	I. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY			IF UNDER	24 HRS.	2c. DATE PRONOUNCED	MONIH	DAY YEAR	2d. HOUR
POUR OUR	NO.	Fe	male	White	May 9,19		60 YRS		DATS	HOURS	MIN.	DEAD		20183	Noon
SATE	200		THPLACE (ST.	ATE OR	76. CITIZEN OF WH	IAT COUN	VTRY?	MARRIE	D NE	VER MARR	IED X	9. BALTIMORE CIT	YORKOUN	TY OF DEATH	
BAS DE	20	Ma	ryland		USA			WIDOWE		DIVORC		Baltim	ore Co	unty	MD.
20 100	B (/)	4. CIT	Y OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME,	OR OTHE	R INSTITUT	TION	12a. USL	JAL OCCUPATION	TYPE OF WORK	12b. KIND OF BU OR INDUST	SINESS
3117		To	wson		314 A-2	Stev	enson L	ane			Su	pervisor		Telepho	
= 000	100	SUAI		IF IN NURSING HOME C	OR OTHER INSTITUTION, GIV		BEFORE ADMISSION		13d INSIDE CI	TV I IMITCS	lia- crn	EET ADDRESS		212	12
AAND AND AND AND AND AND AND AND AND AND	S-97		ryland	Balti		Tow			YES T	NOXX		4 A2 Steve	ongon	Tane	
6 - ME W	3 10	4. FA	THER'S NAME						15. MOTHE	R'S MAIDE			CHSOIL		
SS C SS C	3 19		Hen	y V. Obe	erender		LAST			live	Cai	n MIDDLE		LAST	
MO PAGE	2	6a W	AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SQ0	CIAL SECURITY	NO.	17. INFORA	MANT		ADDRE	ESS		
BALTIMORE S AFTER DEA GIVE PAGES ITH FOR P	Noision		s, 140, or unknov No	(IF YES, GIVE	WAR OR DATES)	219	-16-491	7	Olive	e Cai	n Ob	erender 38	8 Murd	ock Rd.	21212
	≥ / F		18 CAUSE OF	DEATH (Enter on	ly one cause per line	topen to), and (c) be	1			1	0		APPROXIMATE	INTERVAL
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RTING THE WORD "PENDING" PED TO THE CHIEF MEDICAL E.3 SHOULD BE USED AS A BUR	A P. O	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY					
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E, W	STATE				7.1	-					13				
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AM SEC	RYL RYL		death resulte	d from Notui	rol causes	Accident	L. Suic	de		ide	Undet	ermined monner	١,	0	1
EXA DULD DULD	_, ₹		ACTUAL	value.	le TO	m	2.16	hear	ile	PECIFY	1		DATE	5/201	83.
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SE SE	S S		EXAMINER'S I	NAME Ch	arles F.	O'Dor	nnoll N	(D)	DDDECC .	7501 3	Vonle	DA TOWER	on. Md	. 21204	
TO MEDICAL EXAMINER: T EXECUTE HE CENTIFICATE, PAGE 4 SHOULD BE FORM.	HAH BAH			ION REMOVAL 2			NAME OF CEMI					CATION OR TOWN			==
		1 SF	Burial		May 23,19		Dulaney			13		ceysville.	Roll +		ATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND I	MENTAL HYG	IENE 8 3	0.	2 1	5 6	
		EASED NAME FIRS	M 1	IDDLE	į.	AST	_	20. DATE OF DEATH		DAY YEAR	26. HOUR	_
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	3. SEX		4. RACE	•	5. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		15
		FEMALE	WHIT	TF.	MONTH 07	30	1896	86	-	MONTHS DAYS	HOURS MI	Ν.
4	7o. BIR	THPLACE (STATE OR FOREIGH		VHAT COUNTRY?	8.			9. BALTIMORE CITY C	11101	OF DEATH		
		SSACHUSETTS	U.S.	Α.	WIDOWE	DEVERA	AARRIED \	BALTIMOR	E COUN	TY		MD.
2	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI		R OTHER INST	ITUTION	126 USUAL OCCUPAT			F BUSINESS C	OR
1	R	ANDALLSTOWN		RE COUNT		RAL HO	SPITAL	HOUSEWIF			-	
E	USU A 13a S	L RESIDENCE (IF NURSING HO TATE 13b (BIVE RESIDENCE BEFOR		13d. INSIDE C	ITY LIMITS?	130. STREET ADDRESS				
1			ALTIMORE	WOODLA	WN	YES 🗌	NO 🛣	7139 ROLL:	ING BE	ND ROAL), 2120	17
7	14 FA	THER'S NAME FIRST	MIDDLE	LAST	4_17	15. MOTHER'S	MAIDEN NAM	WE		LAS	T	
4		OLIVER	0.	PLOT	_		ARY	F.		O'GOF	MAN	
/		AS DECEASED EVER IN U.S	S. ARMED FORCES?	166. SOCIAL SECI	URITY NO.	17. INFORMA	NT	ADDR	ESS APT	C. C 21	L207	
		NO		132-05-	0322	JOHN	O. O'BR	IEN 7139 R	OLLING			
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C.		ine for 101, (b), or	STATI	1c c	HO CIN	OMA LIVE	-R	BETWEEN	MATE INTERVAL ONSET AND DEAT	н
		1991 IMME	DUE TO, OR	AS A COMSEOU		0 50						
7	8	Conditions, if ony, which gove rise to immediate (b) (RIMTRY UN KNOWN)										11
		couse (0), stoting the underlying couse los		AS A CONSEQU	ENCE OF	1			uv e			
	7	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CO								D '	
_	9		ARTORE					40 CULAR		EASE		
7	CERTIFICATION	19a, DATE OF OPERATION	196. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES		
	ER	21g. ACCIDENT WAS UNDERLYIN	IG 216. TIME OF	INJURY		21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU			140	_
1		OR CONTRIBUTING CAUSE	OF DEATH		AY YEAR	-						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		21f LOCATIO	N	CITY OR TO		COUNTY	STATE	
	¥	MHILE NOT WHILE C] [AT HOME, STRE	ET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITORIC	78/19	COUNTI	STATE	
		220.1 certify that M (this	20 15		1	d that in my	(our) opinion	death occurred on the d	ate and hou	19 3.	that (we) I	ost
		obove, (Ir (we) (did) (d	ve on	ofter death.		DEGREE				22c. DATE		_
		only	iohk	. Cley	ue ri	IRRS A	TTENDING PHYSICIAN	MEDICAL STA		- 5/	21/83	
		22d. PHYSICIAN'S NAME	TYPE OR PRINT)			22e. ADDRES	Bul	timore C	rent	y gen	- Hospe	,
		70.01	70770				ocan.	dallstown	- 171	12/13	3	
		URIAL, CREMATION, REMO				EMETERY OR		23d. LOCATION CITY OF TOWN		COUNTY	STATE	
		BURIAL	05-24	-83 I	ULANE	VALLE	Y M.G.	COCKEYSV	ILLE	BALTO.	MD.	

DHMH - 16 50M 4/82 (VRA 15, 4)

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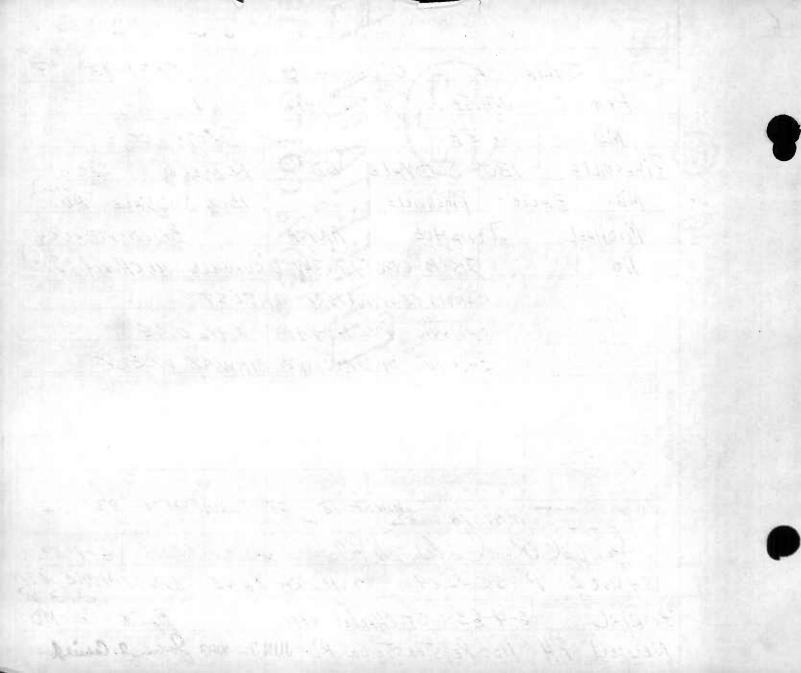
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by

should be detached for use as the burial-transit permit. Then places remove corborhoopers. Pages, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, th

> 24 FUNERAL DIRECTOR 21229 NAME ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

COCKEYSVILLE NAY 23 1983 Sound College

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							OF MARYLAND	Pq				
	1 -	FOR STATE			DEPART		EALTH AND MENTAL HYO	GIENE 8	3	2	5 8	
	1 DE	REGISTRAR CEASED NAME	FIRST		AIDDLE		AST	12a DATE OF D	REG. NO.	DAY YEAR	26. HOUR	
		OR PRINT)	An+	www Mant	in OECUS	LED						
457	3. SEX	X	Arti	A. RACE	in OECHS	5. DATE C	OF BIRTH	May 2		IF UNDER 1 YEA	2:25 a A	
m		Male		Whi	.te	Sep		78	3 YRS	MONTHS DAY	YS HOURS MIN.	
MA !		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	B	D NEVER MARRIED		CITY OR COUN			
H.		Maryland		U.S	S.A.	WIDOWE		Baltin	nore Cour	ntv	MC	
		ITY OR TOWN OF DEA	ТН		OSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING	126. KIND	OF BUSINESS OR	
5/	_	Rossville		Frankl	in Squar	re Hos	pital		ting Cle		el Mfgr.	
	13a. S	AL RESIDENCE IN NURSI STATE Maryland	136 COUN Balt	OTHER INSTITUTION TY O.	134. CITY OR TOY Dundal		136. INSIDE CITY LIMITS?	13e. STREET AD 2924	Liberty	Pkwv	21222	
2	14. FA	John		MIDDLE	Oechsle	·r	15. MOTHER'S MAIDEN NA Elizabet	ME	WIDDLE		LAST	
	16a V	WAS DECEASED EVER I	NUS AR	MED FORCES?	16b. SOCIAL SECI				ADDRESS	Han	Ila	
	(YES. NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)	213.09.		3432 Courtwa		MOTTISS		2	
		18 CAUSE OF DEATH	Fnter on	v one couse per			13432 COULTWA	y Durk	IdIK, MI		OXIMATE INTERVAL EN ONSET AND DEATH	
vent,		PART I. DEATH W		BY: E CAUSE (a)	BRONCHO	OPNEUM	ONIA BLIATE	ואמי			NO NO LE MANDE DE LA MANDE DE	
2		4850	IMMEDIA		R AS A CONSEQU		LATE	TALL		78		
	7	Conditions, if ony,		((b)_	t AS A COMOLGO	, LINCE O		60		A DY		
		gove rise to imm couse (a), stating	the .	DUE TO, OF	R AS A CONSEQU	ENCE OF						
	8	underlying couse	lost.	((c)		MILL.						
, ,	z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION (GIVEN IN PART	1(a)	
	CERTIFICATION	19a, DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 206. IF YES, WERE FINDINGS USE				
S .	IFIC								NO IN CER		SES OF DEATH?	
	CERT	210. ACCIDENT WAS UND	ERLYING _	21b. TIME O			21c. HOW INJURY OCCUP					
E 7		OR CONTRIBUTING C		IN	M. MONTH D M.	AY YEAR	0 - 100					
5	MEDICAL	21d. INJURY OCCURR		21s. PLACE (21f. LOCATION		CITY OR TOWN	COUNTY	STATE	
morked	Σ	AT WORK AT WOR	K	(A) NOME, SIR	EET, PACTORT, OFFICE,	PARM, ETC. J				1		
SE SE		22a.1 certify that 💥			deceased fram	May 1		, to May_	28,		_, that 🔥 (we) lost	
7 4		saw the decease above, M (we) (d	d alive on, id) (d/d +		after death.		nd that in () (our) opinion	death accurred	on the date and h			
		226. SIGNATURE	bert	-Klee	- mD		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	5-	-28-83	
W CK		226. PHYSICIAN'S NA		k. Lee,	M D	No.	9000 Fran	klin Sau	Jare Dri	ve. 212	37	
-	22					NAME OF C		123d. LOCAT		,		
		BURIAL, CREMATION, I	KEMOVAL	5/30/1			emetery or crematory ount Cremator	CITYLOR	timore	COUNTY	Maryland	
	24. FI	UNERAL DIRECTOR		Y			25e. PA		GISTRAR 25b CG	ISTRAR'S SIGN	IATURE	
82	Wa.	lter Brooks	Brace	dley Inc	c., Dünda	alk, M	d. 21222 JU	N 0 1 19	183 /	angle	Comes	

DHMH - 16 50M 4/82 (VRA 15, 4)

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The state of the s Jeine Janes Johnson